



**California Department of Alcohol and Drug Programs  
Resource Center Library**

## **Co-Occurring Disorders Bibliography**



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**Co-Occurring Disorders Bibliography**

The following is a list of all books and videos and a selection of journal articles available in the Resource Center (RC) Library on the topic of co-occurring disorders. For the RC Library's purposes, "co-occurring" is defined as coexisting chemical dependency and at least one other psychiatric disorder. Materials on comorbid substance abuse and non-psychiatric diagnoses (e.g., HIV infection, chronic pain disorders) are not included in this bibliography.

These materials are available for loan directly to employees of government agencies and organizations funded through county alcohol and drug programs, as well as lending libraries. Individuals may borrow materials through an interlibrary loan via their local lending libraries. For information on lending policies, please see the Videocassette Catalog, page v, or the Library webpage at <http://www.adp.ca.gov/RC/pdf/Loan%20Agreement.pdf>.

**Books**

***Action for Mental Health and Substance-Related Disorders: Improving Services for Individuals at Risk of, or with, Co-Occurring Substance-Related and Mental Health Disorders. Conference Report and Recommended National Strategy of the SAMHSA National Advisory Council.*** Rockville, MD: U.S. Dept. of Health and Human Services Substance Abuse and Mental Health Services Administration, 1997. 146 pp. (plus appendix E)

**Summary:** Includes executive summary, national strategy, introduction and eight chapters plus recommendations: "The Key Question" [why treatment needs are not met for the majority of individuals], "Data and Research" [how widespread co-occurring disorders are], "Children and Adolescents" [how co-occurring disorders develop and affect families and children], "Best Practices" [what kinds of prevention and treatment work best], "Education and Training" [have clinicians received adequate training to treat the dually diagnosed], "Homelessness" [co-occurring disorders are a major cause of homelessness], "Criminal Justice" [the association between crime and dual diagnosis], and "Financing and Managed Care" [will managed care help or hinder treatment for co-occurring disorders]. Also includes five appendices: "The Conference Agenda," "Statements of the Plenary Presenters," "Participant List," "List of Reviewers," and "Responses to This Report from SAMHSA, CSAT, CSAT's National Advisory Council, and the National Institutes of Health, and an Update from the Author, Dr. Bert Pepper."

RC Library call no. RA413.5.A37 1998; circulation no. 6025.

Baker, Frank. ***Coordination of Alcohol, Drug Abuse, and Mental Health Services.*** U.S. Dept. of Health and Human Services. Technical Assistance Publication Series 4. Rockville, MD.: Public Health Service; Alcohol, Drug Abuse, and Mental Health Administration; Office for Treatment Improvement, 1991. 37 pp.

**Summary:** Includes executive summary, introduction, "Historical Overview of Attempts to Coordinate Services," "Service Needs of Patients with ADM [Alcohol, Drug and Mental Health] Disorders," "Definition of Coordination [of Services]," "Mechanisms and Models [of Treatment and

Services],” “Recommendations,” appendix (list of attendees at 1990 conference), and bibliographic references.

RC Library call no. RC443.C66 1991; circulation no. 3520.

***Blamed and Ashamed: The Treatment Experiences of Youth with Co-Occurring Substance Abuse and Mental Health Disorders and Their Families.*** Alexandria, VA: Federation for Children’s Mental Health, 2001. 60 pp.

**Summary:** This report presents the findings of a two-year project intended to document and summarize the experiences of youth with co-occurring mental health and substance abuse problems and their families. The purposes of this study were to offer youth and their families the opportunity to reflect on and give voice to their experiences, to identify their successes and concerns, and to formulate recommendations so that a national audience might learn from their experience and improve services. The work was funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) in the U.S. Department of Health and Human Services and conducted by two family-run organizations-the Federation of Families for Children's Mental Health, Alexandria, Virginia, and Keys for Networking, Inc., Topeka, Kansas.

RC Library call no. RC 564.68.B53 2001; circulation no. 7602.

Brokowski, Anthony and Shelagh Smith. ***Estimating the Cost of Preventive Services in Mental Health and Substance Abuse Under Managed Care.*** Rockville, MD: Substance Abuse and Mental Health Services Administration, 2001. 67 pp.

**Summary:** This document presents cost estimates for six preventive interventions previously identified through a literature review and analysis of peer-reviewed, published research in mental health or substance abuse services (Dorfman, 2000). That report was commissioned by the Center for Mental Health Services and yielded a number of well-designed research studies. Twenty-one of those studies supported six preventive interventions that demonstrated patient benefits (i.e., better outcomes) or lower use and cost of medical care. The report by Dorfman should be useful to the reader as a companion to this report, as it provides the background, criteria, and methodology for screening hundreds of articles, selecting and describing 54 studies, and further narrowing the field to 21 articles that directly support the six recommended services. Each intervention had at least two rigorous, peer-reviewed, published studies to support its inclusion.

Since these low-cost interventions have been shown to improve medical outcomes, increase patient satisfaction, and reduce medical use and cost, and given that they would require an increase of less than 0.5 percent of the typical current premiums, MCOs should consider implementing such behavioral interventions. The reader should refer to the original studies, Dorfman's (2000) review of the original 54 published studies, and the attached Technical Appendix, which provides many of the details regarding cost assumptions used for each intervention.

RC Library call no. RA790.5.B76 2001; circulation no. 7650.

Bucciarelli, Carol. ***Addicted and Mentally Ill: Stories of Courage, Hope, and Empowerment.*** New York, Haworth Press, 2005. 123 pp.

**Summary:** This non-clinical resource addresses the misunderstandings and prejudices surrounding dual diagnosis, the necessity for appropriate treatment and follow-up care, twelve-step principles and practices, medication, and the involvement of family in treatment.

RC Library call no. RC564.68.B835 2005; circulation no. 2605.

Buck, Jeffery, Kay Miller and Jay Bae. *Mental Health Services in Medicaid, 1986-1992*. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000.

**Summary:** A basic set of Medicaid MH/SA program statistics for the non-elderly population that could be inexpensively generated from Medicaid data that States submit to CMS were developed. These statistics are presented in a uniform set of tables for each of three States for the years 1986, 1988, 1990, and 1992. These tables provide a range of information on user characteristics, service utilization, and expenditures for each State. Our fundamental purpose is to provide policy makers, interest groups, and others with basic information on MH/SA services and expenditures in Medicaid, and associated trends.

Prior to 1992, Medicaid research files available from CMS were limited to four States: California, Georgia, Michigan, and Tennessee. These tables present statistics for three of these States for the 1986 - 1992 period. Data for California were excluded from these analyses due to their size. RC Library call no. RC 454.4.B83 2000; circulation no. 6050.

Burton, Donna, et al. *Cross-Training for Dual Disorders: A Comprehensive Guide to Co-Occurring Substance Use and Psychiatric Disorders*. New York: Vantage, 2001. 272 pp.

**Summary:** "While people suffering from both substance use and mental disorders have very specific problems, treatment historically has been segregated into separate groups of people suffering from one but not both disorders. The result? Inconsistent, and most importantly, ineffective treatment. *Cross-Training for Dual Disorders: A Comprehensive Guide to Co-Occurring Substance Use and Psychiatric Disorders* addresses this problem by discussing these patients as a discrete population with very special needs. Authors Donna L. Burton, Ed.M., Arthur Cox, Sr., D.S.W., L.C.S.W., and Margo Fleisher-Bond, M.A., L.M.H.C., have written a work that will begin to forge understanding of dual diagnosis and its treatment."

RC Library call no. RC 564.68.B878 2001; circulation no. 2929.

"Chapter 5: Alcohol and Depression." *Alcohol Consumption and Problems in the General Population: Findings from the 1992 National Longitudinal Alcohol Epidemiologic Survey*. Bethesda, MD: National Institute on Alcohol Abuse and Alcoholism, 2002. Pages 147-207.

**Summary:** Chapter 5 of this volume is dedicated to alcohol and depression. The five articles in this section are "Comorbidity between DSM-IV Alcohol Use Disorders and Major Depression: Results of a National Survey," "The Relationship between DSM-IV Alcohol Use Disorders and DSM-IV Major Depression: Examination of the Primary-Secondary Distinction in a General Population Sample," "Gender Differences in DSM-IV Alcohol Use Disorders and Major Depression as Distributed in the General Population: Clinical Implications," "Family History of Alcoholism and Gender: Their Combined Effects on DSM-IV Alcohol Dependence and Major Depression," and "Familial Aggregation of DSM-IV Alcohol Use Disorders: Examination of the Primary-Secondary Distinction in a General Population Sample."

RC Library call no. HV 5015.A43; circulation no. 8103.

"Chapter 6: Dual Diagnosis." *Alcohol and Other Drug Treatment Initiative: Level II Training Manual*. Sacramento: Sacramento County Dept. of Health and Human Services, 1996. 18 pp.

**Summary:** Chapter 6 of this manual briefly deals with dual diagnosis: "The purpose of chapter 6 is to provide participants [of this training] with an introduction to working with clients who are diagnosed with both a psychiatric disorder and alcohol and other drug abuse or dependence. The diagnostic information is based on the fourth edition of the DSM-IV. Issues related to self-medication using alcohol and street drugs will be addressed as well as prescription psychotropic drugs for specific disorders."

RC Library call no. HV5825.S65 1996; circulation no. 4795.

Coffery, Rosanna, et al. ***Mental Health and Substance Abuse Treatment: Results from a Study Integrating Data from State Mental Health, Substance Abuse, and Medicaid Agencies.*** Rockville, MD: Substance Abuse and Mental Health Services Administration, 2001. 87 pp.

**Summary:** This report, initiated and funded by CSAT/CMHS, presents the analytical findings from the Integrated Data Base (IDB) Project in the utilization of publicly funded mental health and substance abuse services. The report is based on one year of data (1996) for three states (Delaware, Oklahoma, and Washington) incorporating Medicaid and State MH/SA agency data.

RC Library call no. RC454.5.C64; circulation no. 6058.

***Co-Occurring Disorders: Treatment Manual 2002.*** The Louis de la Parte Florida Mental Health Institute, University of South Florida, 2002. 113 pp.

**Summary:** Provides a guide for conducting treatment groups related to co-occurring substance abuse and mental health disorders. Designed to provide an interactive approach to addressing co-occurring disorders.

RC Library call no. RC564.68.C6 2002; circulation no. 2321.

***Current Practice in the Management of Clients with Comorbid Mental Health and Substance Use Disorders in Tertiary Care Settings.*** Australia: National Drug Strategy, 2003. 296 pp.

**Summary:** The Commonwealth Department of Health and Ageing commissioned Siggins Miller Consultants, together with the Centre for Primary Health Care, University of Queensland and the Queensland Alcohol and Drug Research and Education Centre (QADREC), University of Queensland to identify current practice in the management of clients with comorbid mental health and substance use disorders in tertiary care settings. The major components of the consultancy were the conduct of a comprehensive review and critical analysis of the international and national literature to identify best practice in the management and care of clients with comorbid mental health and substance use disorders in tertiary care settings, and a scoping exercise of current practice in Australia.

On the basis of the literature review and the scoping exercise we have:

- Identified elements of the service delivery system which are in line with evidence and that enhance the skills and confidence of practitioners and improve outcomes for clients; and
- Identified the extent to which services in Australia incorporate elements of best practice and propose strategies for improving best practice in this area.

We have made recommendations for future action based on these findings.

RC Library call no. RC454.5.C87; circulation no. 4962.

Daley, Dennis C. and Howard B. Moss. ***Dual Disorders: Counseling Clients with Chemical Dependency and Mental Illness.*** Center City, Hazelden, c2002. 448 pp.

**Summary:** Provides clinicians with up-to-date information on psychosocial and psychopharmacologic treatment for patients with chemical dependency and coexisting mental disorders.

RC Library call no. RC564.68.D35 2002; circulation no. 2609.

Daley, Dennis C. and Allan Zuckoff. ***Improving Treatment Compliance: Counseling & Systems Strategies for Substance Abuse & Dual Disorders.*** Center City, MN: Hazelden, 1999. 241 pp.

**Summary:** "In *Improving Treatment Compliance*, Dennis C. Daley, M.S.W., and Allan Zuckoff, M.A., address what may be the most important tasks in treatment substance abuse and dual

disorders: getting clients to attend treatment and motivating clients to work on the problems that are causing them pain and dysfunction. In this comprehensive, concise, and practical book, Daley and Zuckoff review the continuum of compliance, identify the many factors contributing to compliance problems, integrate extensive clinical experience and an exhaustive review of the literature on compliance-related issues, and describe both counseling and systems strategies to improve compliance.”  
RC Library call no. RC564.D345 1999; circulation no. 7315 or 7316 (2 copies available).

Dawe, Sharon, et al. ***Review of Diagnostic Screening Instruments for Alcohol and Other Drug Use and Other Psychiatric Disorders.*** Australia: National Drug Strategy, 2002. 166 pp.

**Summary:** It is hoped that the revised review of screening and diagnostic instruments and procedures contained within serves as a practical resource for clinicians working within mental health settings, hospitals, and general practice. It is not intended to be a comprehensive review of all screening and diagnostic instruments, nor does it provide an exhaustive review of the research findings regarding particular instruments. Due to the nature and scope of this project the authors have been highly selective and those instruments reviewed are widely used, have been demonstrated to be reliable and valid measures of the construct in question and are brief and easy to administer. It should be noted for those familiar with the original review that a small number of newly developed instruments previously reviewed have not been included in this edition, primarily due to a lack of further validation. Furthermore, in this edition while related Internet pages have been provided, it should be noted that due to the fast growing nature of the Internet some pages might become outdated.

RC Library call no. RC564.D39 2002; circulation no. 5155.

***Designing Substance Abuse and Mental Health Capitation Projects: A Managed Care Guide for State and Local Officials.*** Managed Care Technical Assistance Ser. 3. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1998. 62 pp.

**Summary:** Public officials in State and county substance abuse and mental health agencies are the intended audience for this Capitation Guide. This guide helps public sector agencies design quality capitation projects. It includes a step-by-step approach to becoming a "smart purchaser" of capitated substance abuse services. Each step represents a task for designers of capitation projects. There is not one set way to accomplish these tasks. The Capitation Guide is a reference tool that reviews the options available to capitation designers and the relative merits and drawbacks of the alternatives.  
RC Library call no. RC 564.D47 1998; circulation no. 8262.

Dorfman, Sharon. ***Preventive Interventions Under Managed Care: Mental Health and Substance Abuse Services.*** Rockville, MD: Substance Abuse and Mental Health Services Administration, 2000. 87 pp.

**Summary:** Programs and services that prevent substance abuse and mental health disorders have the potential to lessen an enormous burden of suffering and to reduce both the cost of future treatment and lost productivity at work and home. The availability and accessibility of these interventions to the millions of Americans whose health care is provided by managed care organizations depend upon the services' status as covered benefits. At a time when cost containment is a driving force in decisions about benefits, the ability to persuade managed care enrollees to demand coverage for these preventive interventions and to encourage managed care organizations to provide them may be enhanced with evidence of their effectiveness and their positive impact on cost.

To compile and disseminate that evidence, the Offices of Managed Care in both the Center for Mental Health Services and the Center for Substance Abuse Prevention, Substance Abuse and

Mental Health Services Administration, jointly supported this review of the literature on preventive interventions to promote mental health and the use of tobacco, alcohol, and the misuse of licit and illicit drugs. After an extensive search of peer-reviewed journals, 54 articles from 1964 to 1999 that demonstrate positive outcomes from preventive substance abuse and mental health interventions are summarized in this document. The following six preventive services are recommended for consideration by managed care organizations:

- Prenatal and infancy home visits.
- Targeted cessation education and counseling for smokers, especially those who are pregnant.
- Targeted short-term mental health therapy.
- Self-care education for adults.
- Presurgical educational intervention with adults.
- Brief counseling and advice to reduce alcohol use.

RC Library call no. RA790.5.D67 2000; circulation no. 6053.

Epstein, Joan et al. *Serious Mental Illness and Its Co-Occurrence with Substance Use Disorders*, 2002. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2004.

**Summary:** This report presents information on the prevalence and treatment of serious mental illness (SMI) and their association with substance use and co-occurring substance use disorders based in the 2002 National Survey on Drug Use and Health (NSDUH). The survey, formerly known as the National Household Survey on Drug Abuse (NHSDA), is a project of the Substance Abuse and Mental Health Administration (SAMHSA). For this report, a substance use disorder is defined as dependence on or abuse of alcohol or illicit drugs.

National estimates for the prevalence and treatment of SMI are presented. The prevalence of treatment for substance use and mental health disorders among persons with SMI and co-occurring substance use disorders also is examined by demographic, socioeconomic, substance use, and substance dependence or abuse characteristics.

RC Library call no. RC564.68.E67 2004; circulation no. 7394.

Evans, Katie and J. Michael Sullivan. *Dual Diagnosis: Counseling the Mentally Ill Substance Abuser*. 2<sup>nd</sup> ed. New York: Guilford, 2001. 290 pp.

**Summary:** Consists of eleven chapters and four appendices: "The Nature of the Problem," "Models of Treatment," "An Integrated Model of Dual Recovery," "Assessing Chemical Dependency in the Dually Diagnosed Client," "Assessing the Psychiatric Disorder and Planning the Appropriate Level of Care," "The Psychotic and Cognitive Disorders," "The Affective and Anxiety Disorders," "Working with Adolescents," "Working with Families," "Enhancing the Motivation of Clients (and Counselors, too!)," "Modified Stepwork," "A School Behavior Checklist," "A Checklist for Parents," and "A Typical Home Behavior Contract." Includes bibliographic references.

RC Library call no. RC564.68.E95 2001; circulation no. 7586.

Frey, Chris L. *Double Jeopardy: Treating Juvenile Victims and Perpetrators for the Dual Disorder of Sexual Abuse and Substance Abuse*. Dubuque, IA: Carlisle Communications, 1995. 206 pp.

**Summary:** Includes eight sections. Section one is titled "Understanding Sexual Abuse and Substance Abuse as a Dual Disorder," and includes information on family dynamics, treatment in general and residential treatment. The second section, "Adolescent Survivors Recovery Group," deals with trust issues, identifying the effects of this dual disorder, "breaking the silence" of personal suffering, and emotional recovery. "Adolescent Perpetrator Group," the book's third section, includes information on responsibility, victim empathy, the cycle of abuse, and relapse prevention.

The fourth section is devoted to aftercare of victims and perpetrators and includes a portion on closure. The fifth section is titled "Pre-Adolescent Recovery Group" and deals with trust issues, understanding the effects of this dual disorder, feelings, prevention, the cycle of abuse, self-care and closure. "Family Recovery Program" is the title of section six, and includes information on residential treatment, parent education and family group therapy. Section seven, "Education Program: Substance Abuse Track," deals with residential treatment, substance abuse, drugs and their effects, and recovery from substance abuse. "Sexual Abuse Track" is the last section of the book, and deals with sexuality and self-esteem, understanding sexual abuse, family recovery, and the closing remarks of the author. This book includes worksheets that may be reproduced and completed by clients.

RC Mentor Library call no. HV5824.Y68.F74 1995; circulation no. 51361.

Gabe, Janice. *Adolescent Co-Occurring Disorder Series: Substance Use and Mood Disorders*.

Adolescent Co-Occurring Disorder Series. Center City, MN: Hazelden, 2003. 130 pp.

**Summary:** Professionals will find a comprehensive, simple, and practical approach to helping teens with mood disorders and substance-abuse problems. This workbook will be helpful for teens with substance-abuse issues experiencing major depression, dysthymia, and depression associated with bipolar mood disorders.

RC Library call no. RC546.68.G33 2003; circulation no. 8554.

Hendrickson, Edward L. *Treating Co-Occurring Disorders: A Handbook for Mental Health and Substance Abuse Professionals*. Haworth Press, 2004. 243 pp.

**Summary:** Describes the psychiatric and substance use disorders that commonly co-occur and examines the evolution of co-occurring concepts and treatment. Provides an overview of relapse prevention and symptom management models for use with clients with co-occurring disorders and another covering mental health and substance abuse recovery movements.

RC Library call no. RC564.68.H46 2005; circulation no. 2638.

Holmwood, Chris. *Comorbidity of Mental Disorders and Substance Use: A Brief Guide for the Primary Care Clinician*. Australia: Primary Mental Health Care Australian Resource Center, 2003. 36 pp.

**Summary:** Comorbidity or the co-occurrence of mental disorders and substance use disorders is common. The prevalence of comorbidity in the community, and the complex interactions that occur between the two sets of disorders, should raise doubts about the manner in which we continue to deal with each entity separately. As clinicians we need to consider these problems as part of a whole complex of phenomena that are closely linked to one another.

However there are significant problems with the management of people with comorbidity. There is a dearth of evidence about best practice. Specialist mental health or alcohol and other drugs services, where they are available, are usually separated physically, administratively and philosophically. Until recently training for general practitioners has been inadequate for the problems that we face on a day to day basis, either in the mental health field or the alcohol and other drugs field.

More detailed information about specific aspects of management of the different types of co-existing mental disorders and substance use problems then follows.

Of course things are never that simple. The information available is patchy and much of it is not based on high levels of evidence. In addition many people with comorbidity have more than one



mental disorder and may have problematic use of several drugs. This resource is a simple guide for clinicians to start to work from.

RC Library call no. RC546.68.H65 2003; circulation no. 7707.

Howell, Embry, Sara Roschwalb and Miki Satake. *Mental Health and Substance Abuse Services Under the State Children's Health Insurance Program: Designing Benefits and Estimating Costs.*

Rockville, MD: Substance Abuse and Mental Health Services Administration, 2001. 99 pp.

**Summary:** Although the Medicaid program has traditionally provided health insurance coverage for many low-income children and adolescents with mental health and substance abuse (MH/SA) problems, the new State Children's Health Insurance Program (SCHIP) provides a new source of funding for low-income children who are not eligible for Medicaid. This project was designed to investigate how the new SCHIP program could be used to cover MH/SA services and what the cost of such services might be, given what is currently known about prevalence, utilization, and cost of services.

RC Library call no. RJ501.A2.H69 2001; circulation no. 7907.

*Joint Training in Interagency Collaboration on Behalf of Individuals with Co-Existing Mental Illness and a Substance Use Disorder.* Philadelphia: Matrix Research Institute, 1994. Approximately 80 pp.

**Summary:** This training packet, alternately titled *Supplemental Readings for Joint MH/VR/SA Training in Interagency Collaboration*, includes fifteen articles by various authors in four sections on dual diagnosis produced in the years between 1975 and 1992. The articles include "Assessment of Substance Abuse as a Coexisting Disability" (1991), "The Dually Diagnosed: Patient Characteristics and Treatment Strategies" (1989), "An Overview of the Effectiveness of the Traditional Vocational Rehabilitation Services for the Seriously and Persistently Mentally Ill" (1992), "Job Placement Strategies with Substance Abusers" (1990), "Barriers to Community Treatment of Patients with Dual Diagnoses" (1990), "Interagency Collaboration in the Rehabilitation of persons with Psychiatric Disabilities" (1991) and "The Impact of Interagency Collaboration on System and Client Outcomes" (1989).

RC Library call no. RC568.68.J67 1994; circulation no. 5963.

McCabe, Damian and Chris Holmwood. *Comorbidity of Mental Disorders and Substance Use in General Practice.* Australia: Primary Mental Health Care Australian Resource Center, 2003. 101 pp.

**Summary:** General practitioners encounter people with coexisting mental health problems and substance use very frequently. The spectrum of comorbidity disability seen by these primary health care providers is much broader than that seen in the specialty services which generally treat only the most severely affected and disabled patients. People with comorbidity present in general practice in non-specific ways and their problems are often not clearly defined, but this is the nature of primary care.

RC Library call no. RC568.68.M33 2003; circulation no. 5328.

*Mental Health Assessment and Diagnosis of Substance Abusers.* National Institute on Drug Abuse (NIDA). Clinical Report Series. NIH Publication no. 94-3846. 1994. 160 pp. (plus 10 page addendum).

**Summary:** Consists of preface, "How to Use this Clinical Report"; and five sections: "The Need for Mental Health," "Specific Psychiatric Disorders," "Comprehensive Mental Health Assessment," "An Approach to Assessing Mental Health in a Drug Treatment Setting," and "Summaries of Assessment Instruments"; and three appendices: "Detailed Descriptions of Assessment Instruments," "DSM-IV

Diagnostic Criteria and Multiaxial System,” and “Psychometric Properties of Instruments”; bibliographic references and index of instruments.  
RC Library call no. RC564.68.M46; circulation no. 7743.

Minkoff, Kenneth and Robert E. Drake, eds. *Dual Diagnosis of Major Mental Illness and Substance Use Disorder*. New Directions for Mental Health Services 50. San Francisco: Jossey-Bass, Inc., 1991. 113 pp.

**Summary:** In the past few years significant advances have been made in both the conceptualization and development of innovative program models providing integrated assessment and concomitant treatment for dually disordered patients. The purpose of this volume of *New Directions for Mental Health Services* is to provide the reader with information about the most current ideas and clinical interventions available. Although many of the models presented here have been successful only in clinical trials, and efficacy is not yet confirmed by controlled research, the principles used in the development of these models hopefully will have value in assisting clinicians, managers, and planners who have an immediate need to provide services to this population.  
RC Library call no. RC564.D92 1991; circulation no. 7711.

Mueser, Kim T., et al. *Integrated Treatment for Dual Disorders: A Guide to Effective Practice*. New York: Guilford Press, 2003. 470 pp.

**Summary:** “This comprehensive clinical handbook provides virtually everything needed to plan, deliver, and evaluate effective treatment for persons with substance abuse problems and persistent mental illness. From authors at the forefront of the dual disorders field, the book is grounded in decades of influential research. Presented are clear guidelines for developing integrated treatment programs, performing state-of-the-art assessments, and implementing a wide range of individual, group, and family interventions. Designed in a convenient 8-1/2" x 11" format, the volume contains all needed assessment forms, treatment planning materials, and client handouts, most of which include permission to photocopy.”  
RC Library call no. RC564.68.I684 2003; circulation no. 2959.

O’Connell, David F. *Dual Disorders: Essentials for Assessment and Treatment*. New York: Haworth, 1998. 250 pp.

**Summary:** This book is most concerned with educating the substance abuse professional about major mental illness. Chapter one is an overview of the problem of comorbidity (i.e., dual diagnosis). It offers a few questions the treatment professional may want to ask himself about the dually diagnosed client, especially in assessment and treatment of that client. Chapter two provides specific guidelines to follow when assessing a client for mental illness and provides a questionnaire to assess the client. Chapters three through ten describe mood disorders, anxiety disorders, schizophrenia, cognitive disorders (e.g., delirium), eating disorders, antisocial personality disorder (psychopathy), borderline personality disorder, and some other mental disorders, among them obsessive-compulsive disorder and paranoid personality disorder. Chapter eleven outlines some features common to sexually abused clients. The first appendix introduces some cognitive therapy approaches, the second briefly looks at the use of medications to treat dual disorders and the last appendix offers sample treatment plan activities for specific mental diagnoses. Includes bibliographic references, sample reading lists, and index.  
RC Library call no. RC564.68.O28 1998; circulation no. 7286.

O’Connell, David F., and Eileen Beyer, eds. *Managing the Dually Diagnosed Patient: Current Issues and Clinical Approaches*. 2<sup>nd</sup> ed. New York: Haworth, 2002. 352 pp.

**Summary:** Includes articles by different authors. Provides a wealth of useful information on effectively treating substance abusers who also suffer from mental illness. This second edition is extensively updated to reflect the dramatic changes in the past decade. The three sections are “Theoretical and Programmatic Issues,” “Treatment Considerations with Special Populations,” and “Assessment and Treatment of Major Mental Disorders.”

RC Library call no. RC564.M256 2002; circulation no. 8354.

Rassool, G. Haussein, ed. *Dual Diagnosis, Substance Misuse and Psychiatric Disorders: An Interprofessional Approach*. Malden, MA: Blackwell Science, 2001. 230 pp.

**Summary:** An overview of mental health and substance issues (dual diagnosis) from an inter-professional approach. Provides practitioners working in the mental health and addiction fields with a resource on the issues of working with dual diagnosis patients from both a clinical and service development perspective. It also aims to foster the awareness, knowledge and skills which health care professionals will need to respond effectively to patients whom they encounter in their daily practice.

RC Library call no. RC564.68.D795 2001; circulation no. 8409.

*Report to Congress on the Prevention and Treatment of Co-Occurring Substance Abuse Disorders and Mental Disorders*. Rockville, MD: SAMHSA, 2002. 309 pp.

**Summary:** Co-occurring disorders--defined as, 'where an individual has at least one mental disorder as well as an alcohol or drug use disorder' (CSAT, in press)--affect millions of Americans each year. Congress has called on SAMHSA as the lead Federal mental health and substance abuse services agency to prepare a report outlining the scope of the problem, current treatment approaches, best practice models, and prevention efforts. This report, required under Section 3406 of the Children's Health Act of 2000 (Public Law 106-310), Section 503A of the Public Health Service Act (see Appendix I), is mandated to include: a summary of the manner in which individuals are receiving treatment, including the most up-to-date information available on the number of children and adults with co-occurring disorders, and the manner in which Federal Block Grant funds are used to serve these individuals; a summary of practices for preventing substance abuse disorders among individuals who have a mental illness and are at risk of having or acquiring a substance abuse disorder; a summary or evidence-based practices for treating individuals with co-occurring disorders and recommendations for implementing such practices; and a summary of improvements necessary to ensure that individuals with co-occurring disorders receive the services they need.

RC Library call no. RC564.68.R47; circulation no. 8443 or 8444 (2 copies available).

*Strategies for Developing Treatment Programs for People with Co-Occurring Substance Abuse and Mental Disorders*. Rockville, MD: SAMHSA, 2003. 57 pp.

**Summary:** This report highlights challenges to service delivery, delineates strategies to overcome these challenges, identifies methodologies to help public purchasers build integrated care systems, and describes core competencies and training from which treating professionals and the people they serve can benefit.

RC Library call no. RC564.68 S773 2003; circulation no. 2984.

*Substance Abuse Treatment for Persons with Co-Occurring Disorders*. (TIP 42) Rockville, MD: SAMHSA, 2005. 557 pp.

**Summary:** Provides information about new developments in the rapidly growing field of co-occurring substance use and mental disorders and captures the state-of-the-art in the treatment of people with co-occurring disorders. It focuses on what the substance abuse treatment clinician needs to know and provides that information in an accessible manner. The TIP synthesizes knowledge and

grounds it in the practical realities of clinical cases and real situations so the reader will come away with increased knowledge, encouragement, and resourcefulness in working with clients with co-occurring disorders.

RC Library call no. RC564.68.S83 2005; circulation no. 8789.

Teeson, Maree and Heather Proudfoot, eds. *Comorbid Mental Disorders and Substance Use Disorders: Epidemiology, Prevention and Treatment*. National Comorbidity Project. Sydney, Australia: National Drug and Alcohol Research Centre, 2003. 152 pp.

**Summary:** Comorbidity presents substantial treatment problems - standard interventions are complicated or even excluded in individuals with comorbid disorders. On the one hand comorbid substance use disorders can pose difficulties for treatments that are narrowly defined for specific symptoms, or those treatments may have been developed on pure diagnostic groups and therefore of unknown benefit for comorbid individuals. Conversely, anxiety and depression can complicate the treatment of a substance use disorder. Yet the treatment services have to deal with disproportionate numbers of comorbid individuals who are over-represented in treatment settings. Staff are trained within the one discipline and rarely have the skills to recognize, let alone deal with, these more complex presentations. The challenges outlined in this introduction are those addressed in the following chapters by experts in both the drug and alcohol and mental health fields.

RC Library call no. RC564.68 C66 2003; circulation no. 5393 or 5394 (2 copies).

Teeson, Maree and Heather Proudfoot, eds. *National Comorbidity Project*. Australia: National Drug and Alcohol Research Centre, 2001. 102 pp.

**Summary:** Comorbidity means the co-occurrence of one or more diseases or disorders in an individual. It is sometimes narrowly defined as the co-occurrence of schizophrenia and substance use disorders.

Comorbidity of mental disorders and substance use disorders is widespread and often associated with poor treatment outcome, severe illness course and high service use. This presents a significant challenge with respect to the most appropriate identification, prevention and management strategies.

The National Comorbidity Project aims to highlight the importance of this type of comorbidity and to identify appropriate strategies and policy responses. The Project is funded jointly by the Drug Strategy and Population Health Social Marketing Branch and Mental Health and Special Programs Branch of the Commonwealth Department of Health and Aged Care.

This innovative project brings together, for the first time, two government strategies - the National Drug Strategy and the National Mental Health Strategy. The National Drug and Alcohol Research Centre coordinated the Project.

The first stage of the Project was to convene a national workshop on comorbidity. The workshop had two broad aims. They were to:

- provide an opportunity for information sharing among key stakeholders in the area of comorbidity; and
- identify clear actions to enable progression of issues and/or inform policy decisions.

The evidence presented at the workshop showed that funding for services is not currently based on the best available evidence. Funding for mental health and drug and alcohol services should be based on the burden of disorders as well as the evidence for effective interventions. It was also

recommended that funding models be developed to ensure provision of both prevention and treatment services.

RC Library call no. RC564.68 N38 2001; circulation no. 6059.

Watkins, Ted R. *Dual Diagnosis: An Integrated Approach to Treatment*. Thousand Oaks, CA: Sage Publications, 2001. 194 pp.

**Summary:** Presents a model that integrates theory, research, and techniques from the substance abuse and general mental health fields. Discusses the unique problems of, and treatment methods tailored for, specific mental illnesses such as schizophrenia when combined with substance abuse. Each mental disorder is presented with assessment procedures, prioritized treatment goals, and a detailed treatment model.

RC Library call no. RC564.68.W38 2001; circulation no. 8371.

Weinstein, Dava, ed. *Lesbians and Gay Men: Chemical Dependency Treatment Issues*. New York: Haworth, 1992. 155 pp.

**Summary:** The eighth article in this book, "Dual Diagnosis Issues with Homosexual Persons," by Dr. Ronald E. Hellman, is directed at the treatment provider of the homosexual substance abuser. Substance abuse is higher both among the lesbian and gay population and among those with major mental illness. The author suggests that dual diagnosis may be higher among the lesbian and gay population as well.

The article provides information for clinicians about diagnosing mental illnesses in the homosexual substance abuser and offers several case studies illustrating his points. Includes bibliographic references.

RC Library call no. RC564.5.G39.L47 1992; circulation no. 2059.

## Journal Articles

Agrawal, N. and S.R. Hirsch. "Schizophrenia: Evidence for Conceptualising It as a Brain Disease." *Journal of Primary Prevention*, 2004; 24: 437-44.

**Abstract:** Though Schizophrenia-like conditions have been recognised for centuries, it remained ill-understood until recently. What causes Schizophrenia is still not entirely clear. A number of causes of Schizophrenia have been described in the literature, ranging from social causation to conceptualising it as an organic brain disease. This paper attempts to describe and discuss the evidence which may help understand it as a manifestation of abnormalities in the brain itself.

RC Library circulation no. 19951.

Albee, GW and Joffe M. "Mental Illness is NOT 'an Illness Like Any Other.'" *Journal of Primary Prevention* 2004; 24: 419-36.

**Abstract:** The claim that "mental illness is an illness like any other" has become so widespread that its meaning, validity, and implications are seldom analyzed. By examining what its advocates say, we interpret the phrase to mean that mental illnesses share certain characteristics of physical illnesses, particularly in there being identifiable biological defects in people with such diagnoses, in the way diagnoses are made and what they tell us, and in the extent to which diagnoses are independent of cultural influences. We find major differences in all these areas between physical illnesses and mental disorders, and argue that accepting the claim that they are alike diminishes the likelihood of effective prevention by distracting attention from important social causes of a wide range of mental disorders.

RC Library circulation no. 19951.

Back SE, Jackson JL, Sonne S, Brady KT. **Alcohol Dependence and Posttraumatic Stress Disorder: Differences in Clinical Presentation and Response to Cognitive-Behavioral Therapy By Order of Onset.** *Journal of Substance Abuse Treatment*, 2005; 29(1):29-37.

**Abstract:** Alcohol dependence (AD) and posttraumatic stress disorder (PTSD) frequently co-occur. However, little systematic study has examined the importance of their temporal order of onset. In this study, differences in clinical presentation and response to cognitive-behavioral substance-use therapy by order of onset were examined among 94 (51 men and 43 women) individuals with AD and PTSD. The findings revealed that women with primary AD and men with primary PTSD presented as more distressed and/or depressed than their counterparts at treatment entry. A relationship between increased alcohol intake and higher PTSD symptom levels was observed during treatment. In general, the primary PTSD group derived greater overall benefit (e.g., in physical health, alcohol use, social functioning) as compared with the primary AD group. Finally, women with primary AD appeared particularly vulnerable to continued psychiatric distress and depression at the end of treatment. These findings increase awareness of the importance of considering the order of onset and may ultimately lead to treatment improvements for this population.

RC Library circulation no. 21496.

Back, S. [et al.] **“Cocaine Dependence with and without Post-Traumatic Stress Disorder: A Comparison of Substance Use, Trauma History and Psychiatric Comorbidity.”** *The American Journal on Addictions*, 2000; 9(1):51-62.

**Abstract:** This study examines the relationship between substance use, trauma history, post-traumatic stress disorder (PTSD), and psychiatric comorbidity in a treatment seeking sample of cocaine dependent individuals (N = 91). Structured clinical interviews revealed that 42.9% of the sample met DSM-III-R criteria for lifetime PTSD. Comparisons between individuals with and without lifetime PTSD revealed that individuals with PTSD has significantly higher rates of exposure to traumatic events, earlier age of first assault, more severe symptomatology, and higher rates of Axis I and Axis II diagnoses. The results illustrate a high incidence of PTSD among cocaine dependent individuals. Routine assessment of trauma history and PTSD may assist in the identification of a subgroup of cocaine users in need of special prevention and treatment efforts.

Ball, SA. [et al.] **“Millon Clinical Multiaxial Inventory–III Subtypes of Opioid Dependence: Validity and Matching to Behavioral Therapies.”** *Journal of Consulting and Clinical Psychology*, 2004; 72:698-711.

**Abstract:** The concurrent and predictive validity of 2 different methods of Millon Clinical Multiaxial Inventory–III subtyping (protocol sorting, cluster analysis) was evaluated in 125 recently detoxified opioid-dependent outpatients in a 12-week randomized clinical trial. Participants received naltrexone and relapse prevention group counseling and were assigned to 1 of 3 intervention conditions: (a) no-incentive vouchers, (b) incentive vouchers alone, or (c) incentive vouchers plus relationship counseling. Affective disturbance was the most common Axis I protocol-sorted subtype (66%), antisocial–narcissistic was the most common Axis II subtype (46%), and cluster analysis suggested that a 2-cluster solution (high vs. low psychiatric severity) was optimal. Predictive validity analyses indicated less symptom improvement for the higher problem subtypes, and patient treatment matching analyses indicated that some subtypes had better outcomes in the no-incentive voucher conditions.

RC Library circulation no. 20052.

Beitchman JH, Adlaf EM, Atkinson L, Douglas L, Massak A, Kenaszchuk C. **“Psychiatric and Substance Use Disorders in Late Adolescence: The Role of Risk and Perceived Social Support.”** *American Journal on Addictions*, 2005; 14(2):124-138.

**Abstract:** This article explores how measures of risk and perceived social support relate to different configurations of adolescent psychopathology using data from a community-based, longitudinal investigation of 284 individuals interviewed in 1982 at age 5 and again at age 19. Discriminant analysis was used to assess differences in risk and social support variables among eight clusters of youth: anxious, anxious drinkers, depressed, depressed drug abusers, antisocial, antisocial drinkers, drug abusers, problem drinkers, and a ninth group representing those participants without a diagnosis. The results indicated that one function, defined by loadings for (low) family support and (high) early cumulative risk, accounted for the majority of between-group associations. Two groups of drug-abusing youth with multiple adjustment problems were highest on this function, while non-disordered youth and a group of participants with substance abuse alone were lowest. Findings are discussed in terms of the need to consider comorbidity when examining risk factors for later disorder.

RC Library circulation no. 21131.

Bischof G, Rumpf HJ, Meyer C, Hapke U, John U. **“Influence on Psychiatric Comorbidity in Alcohol-Dependent Subjects in a Representative Population Survey on Treatment Utilization and Natural Recovery.”** *Addiction*, 2005; 100(3):405-413.

**Abstract:** BACKGROUND: It is well known that only a minority of alcohol-dependent subjects seek help and that the majority of alcohol-dependent individuals recover without utilization of formal help. Psychiatric comorbidity is highly prevalent among alcohol-dependent individuals. However, no data are available on the impact of psychiatric comorbidity on natural recovery. AIMS: To analyse the impact of non-psychotic psychiatric comorbid Axis I disorders on remission rate and utilization of formal help in alcohol-dependent individuals drawn from a representative general population sample in northern Germany (response rate: 70.2%, n = 4075). Psychiatric diagnoses and utilization of help were assessed in a personal interview using standardized instruments. One hundred and fifty-three life-time alcohol-dependent individuals were assessed, among whom 98 fulfilled the criteria for sustained long-term remission according to the Diagnostic and Statistical Manual version II (DSM-IV) criteria. Any coincidence of DSM-IV non-psychotic Axis I disorders with alcohol dependence was counted as comorbidity. Comorbidity rate in the whole sample was 36.1%. RESULTS: The rate of individuals who remitted from alcohol dependence without formal help was 36.9% in the non-comorbid and 42.6% in the comorbid group. Utilization of formal help was unrelated to comorbidity. Dually diagnosed subjects without a history of help-seeking showed minor differences concerning reasons for not seeking help. Seeking help was not related to schooling, severity of dependence and gender. CONCLUSION: Data reveal that remission without formal help is equally prevalent among non-comorbid as among comorbid alcohol-dependent individuals. Axis I comorbidity is not related directly to utilization of alcohol-related help. Negative prognoses for untreated comorbid alcohol-dependent individuals are not justified from an epidemiological point of view.

RC Library circulation no. 20980.

Boyle, M. **“Preventing a Non-Existent Illness?: Some Issues in the Prevention of ‘Schizophrenia.’”** *Journal of Primary Prevention*, 2004; 24:445-69.

**Abstract:** The prevention of “schizophrenia” has received little attention, not least because it is claimed that its causes are largely unknown. I argue that this pessimistic view is based on acceptance of both the highly problematic concept of schizophrenia and of the assumption that “it” is a genetic/biological illness. The problems of both the concept and its surrounding assumptions are

examined and an alternative model of psychotic behaviour and experience, with very different implications for prevention, is discussed.

RC Library circulation no. 19951.

Bukstein OG, Cornelius J, Trunzo AC, Kelly TM, Wood DS. **“Clinical Predictors of Treatment in a Population of Adolescents with Alcohol Use Disorders.”** *Addictive Behaviors*, 2005; 30(9):1663-1673.

**Abstract:** The purpose of this paper is to identify potential predictors of treatment utilization, among both psychiatric and drug and alcohol variables. The subjects were 393 adolescents and young adults, age 12.9 to 18.11 years, who met DSM-IV criteria for a lifetime history of either alcohol abuse or alcohol dependence at baseline assessment. DSM-IV psychiatric and AUD diagnoses were obtained by semi-structure interviews (K-SADS and SCID). Other alcohol and drug variables were obtained by the Alcohol Consumption Questionnaire and other self-reports. The results of these analyses suggest that there are few potential predictors associated with substance use disorder (SUD) treatment. For mental health (MH) treatment, depression in the form of Major Depressive Disorder was relatively strong associated at baseline and follow-up, while Attention Deficit Hyperactivity Disorder and Conduct Disorder appear to be associated with MH treatment at follow-up. For SUD treatments, there are essentially no variables strongly associated with treatment. The best potential predictors of who enters treatment and how long they stay may not be related to comorbidity or other dimensional variables of clinical severity. Rather, treatment utilization appears to be related to environmental factors, which may include family factors, adolescent and parental motivation, access to treatment, or to the use of appropriate treatment modalities.

RC Library circulation no. 21687.

Burnam, MA. **“Measuring Outcomes of Care for Substance Use and Mental Disorders.”** RAND Reprints RP-612 (1997). Reprinted from *New Directions for Mental Health Services* no. 71 (1996): 3-17.

**[Excerpted from abstract.]** The main purpose of this chapter is to provide an overview of issues to consider when selecting mental health and substance abuse measures for routinely monitoring the outcomes of treatment. To set the stage for discussion, the chapter begins by reviewing why routine monitoring of the outcomes of substance abuse and mental health care is important. It then provides an overview of the key outcomes of substance abuse and mental health treatment, summarizes criteria for evaluating the utility of the outcomes measures as tools for routine monitoring, and considers for each of the outcomes domain the extent to which existing measures adequately satisfy these criteria. Finally, the chapter comments on the other essential components of an outcomes monitoring system assessment of case mix and process of care and use of analytic strategies that clarify the causal links between treatment processes and outcomes.

Includes bibliographic references.

RC Library circulation no. 8138.

Burns L, Teesson M, O'Neill K. **“The Impact of Comorbid Anxiety and Depression on Alcohol Treatment Outcomes.”** *Addiction*, 2005; 100(6):787-796.

**Abstract:** AIMS: This study examines the impact of comorbid Diagnostic and Statistical Manual version IV (DSM-IV) anxiety and/or depression on out-patient treatment for alcohol problems. DESIGN: A prospective correlational design. PARTICIPANTS AND SETTINGS: Seventy-one clients seeking alcohol out-patient treatment at two treatment sites were interviewed at commencement of a treatment episode for alcohol problems and reinterviewed using the same measures 3 months later. Comorbid DSM-IV anxiety and/or depression were measured by the Composite International Diagnostic Interview (CIDI), a comprehensive interview developed by the



World Health Organization to assess current and life-time prevalence of mental disorders. Outcome measures included standardized measures of disability [the short form (SF)-12 Mental Health Summary Score and the number of days taken out of role] and the average amount of alcohol consumed. Clients were also asked to rate their satisfaction with the services received. FINDINGS: Participants with comorbid DSM-IV anxiety and/or depressive disorders were more disabled and drank more heavily than those without these comorbid disorders at entry to treatment. At 3-month follow-up both groups of participants (i.e. those with and without DSM-IV comorbid anxiety and/or depression) were significantly less disabled and also drank significantly less alcohol on an average drinking occasion than at baseline. Despite this, the comorbid group remained more disabled and drank more heavily than the non-comorbid group at follow-up. CONCLUSIONS: Further research is needed to determine the most appropriate model of care for alcohol treatment seekers with comorbid DSM-IV anxiety and/or depression.

RC Library circulation no. 21162.

Carey, K. [et al.] **“Problems Assessment for Substance Using Psychiatric Patients: Development and Initial Psychometric Evaluation.”** *Drug and Alcohol Dependence*, 2004; 75:67-77.

**Abstract:** *Background:* Persons with co-occurring Axis I mental disorders and substance use disorders often experience multiple negative consequences as a result of their substance use. Because no existing measure adequately assesses these population-specific problems, we developed the Problems Assessment for Substance Using Psychiatric Patients (PASUPP). This paper describes the scale development and factor structure, and provides initial reliability and validity evidence for the PASUPP. *Methods:* An initial pool of 54 items was assembled by reviewing existing measures for relevant items and generating new items. Then, 239 patients (90% male, 61% White) with documented Axis I psychiatric and current substance use disorders rated the lifetime and last 3-month occurrence of each problem, and completed additional measures of substance use and related functioning. *Results:* Lifetime endorsements ranged from 31 to 95%, whereas 3-month endorsements ranged from 24 to 78%. Item analyses reduced the set to 50 items. The PASUPP is internally consistent ( $\alpha = 0.97$ ) and unidimensional. Scale validity was suggested by moderate correlation with other measures of substance problem severity. *Conclusions:* Promising psychometric properties are reported for a population-specific measure of substance use problems. Such a measure could be useful for initial assessments and outcome evaluations with substance using psychiatric patients.

RC Library circulation no. 20067.

Carpenter KM. [et al.] **“The Effect of Sertraline and Environmental Context on Treating Depression and Illicit Substance Use Among Methadone Maintained Opiate Dependent Patients: A Controlled Clinical Trial.”** *Drug and Alcohol Dependence*, 2004; 74:123-34.

**Abstract:** Psychiatric comorbidity, particularly depressive disorders, is associated with continued substance use and poor social functioning among methadone maintained patients. Evidence suggests similar neurochemical and environmental pathways may link the two disorders and it is reasonable to hypothesize that pharmacological and environmental factors play important roles in treating comorbid depression and substance use. The present study tested the efficacy of sertraline for treating syndromally defined depressive disorders among non-abstinent methadone maintained opiate dependent patients. The moderating effects of environmental context on treatment outcome were also examined. Ninety-five patients were randomized in a 12-week, double-blind, placebo-controlled trial of sertraline, a serotonin-selective re-uptake inhibitor. There was no main effect of sertraline on either depression or substance use outcomes. However, sertraline demonstrated significant ameliorative effects on depression among patients with a more positive environment or less negative environment. The odds of being abstinent from heroin and cocaine were greater for patients on sertraline in environments with relatively less adversity. The findings support the

hypothesis that contextual factors moderate the efficacy of pharmacological treatment for depression among methadone patients. They also suggest future research should examine a pharmacological treatment that is combined with a behavioral intervention targeting the accessibility of reinforcement or reducing the impact of aversive environmental interactions.

RC Library circulation no. 19843.

Carpentier PJ, de Jong CA, Dijkstra BA, Verbrugge CA, Krabbe PF. **“A Controlled Trial of Methylphenidate in Adults with Attention Deficit/Hyperactivity Disorder and Substance Use Disorders.”** *Addiction*, 2005; 100(12):1668-1874.

**Abstract:** AIMS: Attention deficit/hyperactivity disorder (ADHD) is common among adult patients with substance use disorders. The benefits of treating ADHD in these patients are uncertain and the prescription of psychostimulants is disputed, because of the risk of abuse. This study examined the short-term effectiveness of methylphenidate treatment for ADHD in adults with substance use disorders. DESIGN: Double-blind, placebo-controlled, multiple cross-over (A-B-A-B design) comparative trial of methylphenidate versus placebo. SETTING: In-patient addiction treatment facility. PARTICIPANTS: Twenty-five patients with ADHD who were receiving in-patient treatment for various substance use disorders. INTERVENTION: During the course of 8 weeks, each participant completed two phases of placebo and two phases of active medication treatment, in a fixed low-dosage schedule (up to 0.6 mg/kg/day). Abstinence was maintained during the study. MEASUREMENTS: The outcome measure was ADHD symptomatology, as measured with the ADHD rating scale-IV. The results were compared using MANOVA repeated measures. FINDINGS: Nineteen of the 25 patients completed the trial. A significant reduction in ADHD symptoms was observed in the first week in both conditions. The positive response to active treatment (nine patients; 36%) was not significantly higher than that to placebo (five patients; 20%). CONCLUSIONS: In this small pilot study, the effect of low-dose methylphenidate in adult ADHD patients with concomitant substance use disorders is limited. ADHD symptoms in adults were susceptible to a distinct short-term placebo response.

RC Library circulation no. 21776.

Comtois KA, Tisdall WA, Holdcraft LC, Simpson T. **“Dual Diagnosis: Impact of Family History.”** *American Journal on Addictions*, 2005; 14(3):291-299.

**Abstract:** Psychiatric outpatients with severe and persistent mental illness and a current or past substance use disorder (N = 89) were interviewed. Information from the Family Informant Schedule and Criteria was configured in three ways to capture the degree of familial substance abuse: biological parents only, all first-degree biological relatives, and all caregivers. All three configurations predicted the severity of lifetime drug abuse on the Inventory of Drug Use Consequences, controlling for any gender and non-substance-related Axis I diagnosis. Differences in means represent low to very low substance abuse severity for those without family history and low to medium severity for those with family history. The clinical implications are discussed.

RC Library circulation no. 21494.

Cornelius, JR. [et al.] **“Correlates of Mental Health Service Utilization and Unmet Need Among a Sample of Male Adolescents.”** *Addictive Behaviors: An International Journal*, 2001; 26:11-19.

[Excerpted from the abstract.] The results of this study suggest that parental psychopathology, parental substance abuse, the presence of conduct disorder, and an increased number of siblings act as barriers to adequate mental health treatment among adolescents. These findings confirm the crucial role that parental factors play in the treatment utilization and the unmet treatment needs of their children, and also suggest that an increased number of siblings can also be associated with unmet treatment need.” Includes bibliographic references.

RC Library circulation no. 16329.

Cornelius JR, Clark DB, Bukstein OG, Kelly TM, Salloum IM, Wood DS. **“Fluoxetine in Adolescents with Comorbid Major Depression and an Alcohol Use Disorder: A 3-year Follow-up Study.”**

*Addictive Behaviors*, 2005; 30(4):807-814.

**Abstract:** The goal of this 3-year follow-up evaluation was to determine whether the decreases in drinking and in depressive symptoms that were noted during our acute phase study with fluoxetine in comorbid adolescents persisted at a 3-year follow-up evaluation. At the 3-year follow-up evaluation, the group continued to demonstrate significantly fewer DSM criteria for an AUD and fewer BDI depressive symptoms and also consumed fewer standard drinks than they had demonstrated at the baseline of the acute phase study. However, 7 of the 10 participants demonstrated MDD at the 3-year follow-up assessment, and 4 demonstrated an AUD. The presence of a MDD was significantly correlated with the presence of an AUD at both the 1-year and the 3-year follow-up assessments. Four of the participants restarted SSRI medications during the follow-up period. Half of the subjects graduated from college during the 3-year assessment period, despite their residual depressive symptoms and drinking. We conclude that the long-term therapeutic effects of an acute phase trial of fluoxetine plus psychotherapy slowly decrease but did not disappear when fluoxetine is discontinued shortly after the acute phase trial. The high rate of MDD at follow-up suggests that longer term antidepressant medication treatment may be needed for at least some comorbid adolescents.

RC Library circulation no. 21118.

De Wilde, J. [et al.] **“Problem Severity Profiles of Substance Abusing Women in European Therapeutic Communities: Influence of Psychiatric Problems.”** *Journal of Substance Abuse Treatment*, 2004; 26:243-251.

**Abstract:** This article aims to search for a specific female, psychiatric profile based on a large European sample of substance dependent clients (828) entering therapeutic communities. First, all six areas of functioning of the EuropASI were included, using the composite scores to search for gender differences. Next, the 'psychiatric' status section was selected for further study. A binary logistic regression was performed with gender as the dependent variable, and nine individual psychiatric items, country, and age as predictors. According to this model a number of problem variables could be identified as being reported more often by women than by men in therapeutic community treatment. Women are more likely to report serious depression, problems in understanding, concentrating or remembering, being prescribed medication, and serious thoughts about suicide; they have also attempted suicide more often than men. Women find treatment for these psychological problems more important than their male counterparts. They also have a more severe history of abuse. Women in therapeutic communities may need specific treatment interventions for their more severe psychiatric needs.

RC Library circulation no. 19978.

DiNitto, DM. [et al.] **“Gender Differences in Dually-Diagnosed Clients Receiving Chemical Dependency Treatment.”** *Journal of Psychoactive Drugs*, 2002; 34:105-17.

**Abstract:** This article looks at the cases of ninety-seven clients with dual diagnoses of mental illness and substance abuse, forty-six of which were male and fifty-one female. The comparisons between the clients were made at admission to inpatient drug treatment facilities and in follow-up cases when the data were available. Many of the differences were noted in the family, social and psychiatric differences. The study suggests in the abstract that “men and women with dual diagnoses might benefit from different emphases in treatment programs” (105). Includes bibliographic references.

RC Library circulation no. 17755.

Downs, WR. [et al.] **“Relationships between Adult Women’s Alcohol Problems and Their Childhood Experiences of Parental Violence and Psychological Aggression.”** *Journal of Studies on Alcohol*, 2004; 65:336-344.

**Abstract:** OBJECTIVE: The objective of this study is to examine the associations between mother physical abuse, mother psychological aggression, father physical abuse and father psychological aggression and women's alcohol dependence while controlling for several demographic variables, childhood sexual abuse and mother and father alcohol problems. METHOD: Samples of women in treatment for substance use disorders (n = 225) and receiving services for domestic violence (n = 222) volunteered to be in the study. We used the Parent-Child Conflict Tactics Scales to assess retrospectively experiences of parental aggression during childhood and the Composite International Diagnostic Interview for a diagnosis of alcohol dependence based on International Classification of Diseases (ICD-10) criteria. RESULTS: Logistic regression applied to the data showed that being in the substance use disorder treatment sample, being unemployed and not being black were significantly related to a higher likelihood of lifetime diagnosis of alcohol dependence. Mother psychological aggression was found to be significantly associated with alcohol dependence. Father psychological aggression was found to be significantly related to alcohol dependence for nonwhite women but not for white women. Mother and father physical abuse were both found to be significantly related to alcohol dependence, but only for women who did not report childhood sexual abuse. CONCLUSIONS: Associations between experiences of childhood abuse and development of alcohol problems for women are complex. Experiences of mother and father abuse need to be examined separately with samples of women who are of different ethnicities and samples of women who are receiving services for different problems.

RC Library circulation no. 19972.

Erkiran M, Ozunalan H, Evren C, Aytaclar S, Kirisci L, Tarter R. **Substance Abuse Amplifies the Risk for Violence in Schizophrenia Spectrum Disorder.”** *Addictive Behaviors*, 2006;

**Abstract:** The factors responsible for the association between schizophrenia and violence with or without co-occurring substance abuse have not been fully elucidated. The present study had two aims: (1) ascertain whether substance abuse augments the risk for violence in patients with schizophrenia; and, (2) determine whether violence is differentially related to positive and negative symptoms of schizophrenia. A sample of 133 adults were participated in this study. Patients with bizarre behavior and avolition-apathy symptoms were more likely to manifest violent behavior. In addition, patients with a history of criminal offenses and substance use disorder were more likely to exhibit violent behavior. Based on the results of this study, it is feasible to identify individual with schizophrenic spectrum disorder who are at high risk for violence.

RC Library circulation no.

Fishbein, D. [et al.] **“Neurocognitive and Physiological Prerequisites for Prevention of Adolescent Drug Abuse.”** *Journal of Primary Prevention*, 2004; 24:471-95.

**Abstract:** A number of programs for adolescent substance abuse are reportedly “effective” for a significant number of subjects; however, there is invariably a substantial subgroup that does not respond favorably. It is critical that underlying mechanisms for these differential effects are identified in order to improve prevention efficacy. Integrity of executive cognitive function (ECF) and its modulation of emotional arousal levels may represent key dimensions of regulatory processes related to risk for substance abuse, and may play a principal role in differential responses to prevention programming. Deficits in ECF and skin conductance responses (SCRs) have been associated with several behavioral disorders, most notably substance abuse, aggression, psychopathy, conduct disorder and attention deficit hyperactivity disorder. Differences in these neurocognitive-emotive processes may also contribute to differential responses to preventive

interventions. ECF and physiological responses to cognitive processing (SCRs) implicated in substance abuse were measured in a small pilot study reported herein.

Responses of “extreme groups” of high risk youth who responded favorably and unfavorably to an effective prevention program differed in cognitive and emotional measures, suggesting that they may play a role in variation in intervention outcomes. Further investigation will provide valuable insights for developing preventive interventions.

RC Library circulation no. 19951.

Gearon, JS. [et al.] **“Drug-Use Behavior and Correlates in People with Schizophrenia.”** *Addictive Behaviors: An International Journal*, 2001; 26:51-61.

**Abstract:** “This study examined how illicit drugs were accessed, reasons for drug use, prevalence of emotional, physical, and sexual abuse, psychiatric symptomatology, level of functioning, and the relationship of these factors to substance use in 25 schizophrenia outpatients. To identify unique substance-use behaviors or correlates, this information was compared to 25 substance-abusing outpatients with major affective disorders, and 30 people with schizophrenia alone. Patients largely financed their drug habits with money given by immediate family members, and reported using drugs primarily for social reasons. While all three groups reported high levels of physical, sexual, and emotional abuse, a relationship between emotional abuse and substance use was observed only for people with schizophrenia. There were no differences between the two schizophrenia groups in psychiatric symptoms or level of functioning. The treatment implications of these findings are discussed.” Includes bibliographic references.

RC Library circulation no. 16329.

Gold, MS. **“Dual Diagnosis: Discovery of a Critical Role of Environmental Exposure.”** *Journal of Dual Diagnosis*, 2004; 1(1):5-14.

**Abstract:** It is estimated that 10 million persons in the United States have at least one mental disorder and at least one substance-related disorder in any given year. Dual disorders are common in psychiatry, but misdiagnosis may be even more common. Drug and alcohol testing should be expanded from routine use in the Olympics and intercollegiate athletics to psychiatric diagnosis of drug intoxication, dependence, and withdrawal states. Major Depression is co-morbid with opiate addiction, alcohol dependency, tobacco smoking, and many other substance abuse disorders. Drug use induces adaptations in brain systems associated with mood and motivation. The acute rewarding effects of drugs change the mesolimbic dopaminergic system. Cessation of drug self-administration induces dysphoria and anhedonia as a result of changes in monoamine levels in brain reward circuits; opposite to the effects that occur after the administration of drugs of abuse. While most models for dual disorders assume compulsive or volitional use or self administration, we have been interested in second-hand exposure which was common in the past among flight attendants and occurs today between smoking parent and child. We expand the concept from parent-to-child environmental tobacco toxicity to a workplace toxicity hypothesis for anesthesiologists. Such a hypothesis can explain the high rates of depression, workplace and social distress, drug abuse, and drug addiction among anesthesiologists. While co-occurring disorders have been the focus of epidemiological studies and twin and genetic studies, the role of exposure to potent drugs of abuse in the intra-uterine, home, and workplace environment has been neglected. We have demonstrated the unequivocal presence of fentanyl and other potent drugs of abuse in the air that anesthesiologists breathe in the operating room. Drug exposure sensitizes the brain. When sensitization is coupled with the stress of operating room, employment may produce the pattern of co-occurring disorders seen in anesthesiologists but not psychiatrists. Prevention is the goal in environmental or toxicity-related illness. After diagnosis, treatment for dual disorders should be vigorous with remission of all

disorders in mind. For anesthesiologists, limiting toxic environmental exposure may prevent both drug and affective disorders.

RC Library circulation no. 20884.

Gold, MS. and Frost-Pineda, K. **“Substance Abuse and Psychiatric Dual Disorders: Focus on Tobacco.”** *Journal of Dual Diagnosis*, 2004; 1(1):15-36.

**Abstract:** Smoking is a leading cause of morbidity and is the single most important preventable cause of mortality in the United States. The link between tobacco smoking and lung cancer, heart disease, stroke, chronic lung disease, other cancers, and other medical diseases is now generally accepted. The link between tobacco and psychiatric diseases has become a focus for recent epidemiological studies, which have even led to the suggestion that in the differential diagnosis of "smoker" highest on the list are depression, alcohol dependence, and schizophrenia. Less is known about the role of second hand tobacco exposure, either in utero or during childhood, in the risk of dual disorders. Here we explore the issue of substance abuse and psychiatric dual disorders, prenatal and early childhood Second Hand Smoke (SHS) exposure and the relationship to the genesis of these dual disorders. We will describe a novel method of detecting SHS exposure and the public health implications of this development.

RC Library circulation no. 20884.

Gordon SM, Tulak F, Troncale J. **“Prevalence and Characteristics of Adolescents Patients With Co-Occurring ADHD and Substance Dependence.”** *Journal of Addictive Diseases*, 2004; 23(4):31-40.

**Abstract:** Estimates of co-morbidity of SUD and ADHD in addiction treatment settings range from 30% to 50%. The Schedule II psychostimulant medications, methylphenidate and dextroamphetamine, generally considered to be safe and effective in treating ADHD in adolescent patients, may be risky for an SUD population since individuals with SUD may have a higher likelihood of abusing or diverting the medications. One hundred sixty-two adolescent patients admitted to a residential addictions treatment program were administered a structured interview concerning ADHD and psychostimulant abuse as part of the clinical psychological evaluation administered by the staff psychologist. Results indicate 31% of patients have current ADHD diagnosis and 20% reported illicit diversion of Schedule II medication. One-third of entire adolescent patient population reported prior psychostimulant abuse. Results are discussed in terms of appropriate treatment for adolescents with co-occurring substance abuse or dependence and ADHD.

RC Library circulation no. 20233.

Goswami, S. [et al.] **“Substance-Abusing Schizophrenics: Do They Self-Medicate?”** *American Journal on the Addictions*, 2004; 13:139-50.

**Abstract:** In spite of having been formulated nearly two decades back, there is as yet no consensus on the validity of the clinically popular self-medication hypothesis (SMH) of substance use disorders in patients with dual diagnosis. SMH broadly proposes that patients use substances in a non-random fashion so that the psychopharmacologic characteristics of particular substances are used to alleviate a variety of psychiatric symptoms and emotional distress. In order to test the SMH empirically, it was broken down to five sub-hypotheses, which were tested in a group of dual-diagnosis schizophrenia (DDS) patients vis-à-vis a group of only-schizophrenia (S) patients (n = 22 each). The DDS group scored lower than the S group regarding general and some specific psychopathology. The DDS patients ascribed reasons for substance use more often for hedonistic pursuit but also for reduction in symptoms and distress. There was a trend for alcohol to be used more for self-medication purposes compared to opioids and cannabis. The perceived effects of these three substances were significantly different on several symptom/distress dimensions. Finally, there was some degree of "match" between symptom-oriented reasons for use of substances and the effect that

was perceived. All of this evidence provides a consistent but modest support for the SMH for "some patients, some substances, and some symptoms." The implications are discussed.  
RC Library circulation no. 19857.

Grant, B. [et al.] **"Prevalence and Co-occurrence of Substance Use Disorders and Independent Mood and Anxiety Disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions."** *Archives of General Psychiatry*, 2004; 61:807-816.

**Abstract:** BACKGROUND: Uncertainties exist about the prevalence and comorbidity of substance use disorders and independent mood and anxiety disorders.  
OBJECTIVE: To present nationally representative data on the prevalence and comorbidity of DSM-IV alcohol and drug use disorders and independent mood and anxiety disorders (including only those that are not substance induced and that are not due to a general medical condition).  
DESIGN: Face-to-face survey. SETTING: The United States. PARTICIPANTS: Household and group quarters' residents. MAIN OUTCOME MEASURES: Prevalence and associations of substance use disorders and independent mood and anxiety disorders. RESULTS: The prevalences of 12-month DSM-IV independent mood and anxiety disorders in the US population were 9.21% (95% confidence interval [CI], 8.78%-9.64%) and 11.08% (95% CI, 10.43%-11.73%), respectively. The rate of substance use disorders was 9.35% (95% CI, 8.86%-9.84%). Only a few individuals with mood or anxiety disorders were classified as having only substance-induced disorders. Associations between most substance use disorders and independent mood and anxiety disorders were positive and significant ( $P < .05$ ). CONCLUSIONS: Substance use disorders and mood and anxiety disorders that develop independently of intoxication and withdrawal are among the most prevalent psychiatric disorders in the United States. Associations between most substance use disorders and independent mood and anxiety disorders were overwhelmingly positive and significant, suggesting that treatment for a comorbid mood or anxiety disorder should not be withheld from individuals with substance use disorders.  
RC Library circulation no. 20110.

Grossman, CI. **"Labels and Language: Implications for Prevention of the DSM Definitions of a Mental Disorder."** *Journal of Primary Prevention*, 2004; 24:513-22.

**Abstract:** From the postmodernist perspective, language and its influence on "reality" are both individually and socially constructed. The language used to define mental disorders, particularly the definition found in the widely used Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association, has implications for individual and social behavior including decisions regarding the prevention of mental illness. In this paper I examine the definition's implication that disorders are located within the individual and cannot be merely the result of environmental factors. In particular, the impact that these components of the definition have on the labeling of people who suffer from a mental disorder and the associated attributions of responsibility for the disorder (and for its prevention) are discussed.  
RC Library circulation no. 19951.

Haller, DL. and Miles, DR.. **"Personality Disturbances in Drug-Dependent Women: Relationship to Childhood Abuse."** *American Journal of Drug and Alcohol Abuse*, 2004; 30:269-286.

**Abstract:** This study examined associations between childhood abuse and personality disturbances in 228 drug-dependent women. Thirty-six percent denied abuse, 50% reported emotional, 42% physical, and 42% sexual abuse. Million Clinical Multi-axial Inventory (MCMI-III) scores  $> 74$  provided evidence of personality disturbance and scores on Minnesota Multiphasic Personality Inventory-2 (MCMI-2) scales measuring somatic complaints, depression, anxiety and posttraumatic stress disorder (PTSD) served as covariates. Emotional and physical abuse survivors were at

increased risk for borderline, masochistic, and avoidant disturbances and decreased risk for narcissistic disturbances. Emotional abuse survivors were also less likely to be sadistic whereas physical abuse survivors were more likely to be paranoid. Sexual abuse survivors were twice as likely to be antisocial; however, no association was found with borderline personality. Finally, an increased prevalence of severe personality disturbances was observed among those experiencing multiple types of abuse. Childhood trauma predisposes drug-dependent women to develop troublesome personality characteristics that are independent of drug addiction and other psychological problems associated with childhood trauma.  
RC Library circulation no. 19977.

Hasin DS, Harzenbueler M, Smith S, Grant BF. **“Co-Occurring DSM-IV Drug Abuse in DSM-IV Drug Dependence: Results from the National Epidemiologic Survey on Alcohol Related Conditions.”** *Drug and Alcohol Dependence*, 2005; 80(1):117-123.

**Abstract:** The extent to which dependence occurs with or without abuse is important because of the potential for underestimation and biased estimates of drug dependence in surveys that rely on abuse as a screening method for dependence. The purpose of this paper was to present the prevalence of DSM-IV drug dependence with and without drug abuse in a nationally representative sample, as well as in subgroups defined by sex, age and race/ethnicity. Among all respondents with current drug dependence, 22.0% did not additionally meet criteria for abuse (19.5% among males and 27.8% among females). Current drug dependence without abuse was especially common among females age 45-64 (52.6% of all cases). Among those with lifetime diagnoses of drug dependence, a small proportion overall, 5.0% had no symptoms of abuse, with the highest proportion again found among females aged 45-64 (19.5% of all cases). The use of drug abuse as a screening method for drug dependence in large epidemiologic studies will differentially underestimate the prevalence of dependence by subgroup, affecting many types of research. Dependence with and without abuse may represent heterogeneous phenotypes for genetic and gene-environment research, which should be explored.

RC Library circulation no. 21659.

Heesch KC, Velasquez MM, von Sternberg K. **“Readiness for Mental Health Treatment and for Changing Alcohol Use in Patients with Comorbid Psychiatric and Alcohol Disorders: Are They Congruent?”** *Addictive Behaviors*, 2005; 30(3):531-543.

**Abstract:** Patients with comorbid psychiatric and alcohol disorders may be ready to change one problem but not the other. This study compared 132 dually diagnosed patients' readiness for mental health treatment to their readiness to change alcohol use. The patients completed a measure of readiness to change alcohol use [the University of Rhode Island Change Assessment Scale-Alcohol (URICA-A)] and the new Readiness for Mental Health Treatment measure. Confirmatory factor analysis (CFA) reveals that the measures have similar factor structures, but correlation and cluster analyses suggest that separate levels of patient motivation exist for mental health treatment and changing alcohol use. The newly developed mental health treatment measure will help clinicians tailor interventions to their patients' needs.

RC Library circulation no. 20988.

Hesse, M. **“Achieving Abstinence by Treating Depression in the Presence of Substance-Use Disorders.”** *Addictive Behaviors*, 2004; 29(6):1137-41.

**Abstract:** BACKGROUND: Antidepressants can have an effect on depressive symptoms in participants with comorbid drug or alcohol dependence and mood disorder, but their effect on drug use is not known. It has been suggested that adding psychosocial intervention to antidepressants would enhance the effect on drug use. METHOD: A meta-analysis was conducted on trials of



antidepressants for this comorbidity with and without psychosocial treatment. RESULTS: Studies using cognitive-behavioural therapy (CBT) found no medication effect, whereas with no intervention, medication was superior to placebo, manualised counselling falling in between. CONCLUSION: There is no evidence that antidepressant medication is more efficacious in reducing drug use with conjunctive psychosocial treatment. Antidepressant medication and psychotherapy may both be useful in the treatment of substance-dependent depressed patients, but combining psychotherapy and medication may only be useful in patients failing to respond to one treatment. RC Library circulation no. 20047.

Hesse M. **“Social Workers’ Ratings of Comorbid Personality Disorders in Substance Abuse.”** *Addictive Behaviors*, 2005; 30(6):1241-1246.

**Abstract:** Clinical diagnoses of personality disorders have been discredited in the literature. However, the artificial dichotomization of dimensions, along with the constraint of having to select only one or a few diagnoses, may have limited the ability of clinical judgment to converge with other clinician's judgments, or with relevant external criteria. Assessment with a dimensional approach to personality disorders may provide improved agreement. In this study, substance abusers were rated by two different staff members involved in their treatment. Inter-rater agreement was moderately high for paranoid, schizotypal, antisocial, and borderline personality disorder, and high-moderate discriminant validity was found for all personality disorders except schizoid and obsessive-compulsive personality disorder. RC Library circulation no. 21362.

Hunter SB, Watkins KE, Wenzel S, Gilmore J, Shee J, Griffin B. **“Training Substance Abuse Treatment Staff to Care for Co-Occurring Disorders.”** *Journal of Substance Abuse Treatment*, 2005; 28(3):239-245.

**Abstract:** Although co-occurring disorders have been associated with poorer substance abuse treatment outcomes and higher costs of care, few individuals with co-occurring disorders receive appropriate mental health care. This article describes the design and implementation of an intervention to improve the quality of mental health care provided in outpatient substance abuse treatment programs without requiring new treatment staff. The intervention focuses on individuals with affective and anxiety disorders and consists of three components: training and supervising staff, educating and activating clients, and linking with community resources. We evaluated three treatment programs (one intervention and two comparison) for the first component by having program staff complete both self-administered questionnaires and semistructured interviews. Staff knowledge and attitudes about co-occurring disorders, job satisfaction, and morale all indicated an improvement at the intervention relative to the comparison sites. The evaluation is still under way; results for implementation of the other two components and for outcomes will be reported later. RC Library circulation no. 21155.

Ilomaki R. [et al.] **“Temporal Relationship Between the Age of Onset of Phobic Disorders and Development of Substance Dependence in Adolescent Psychiatric Patients.”** *Drug and Alcohol Dependence*, 2004; 75(3):327-30.

**Abstract:** AIMS: To investigate the age of onset of phobic disorders in relation to later development of substance dependence in a sample of adolescent psychiatric patients. DESIGN, SETTING AND PARTICIPANTS: Clinical sample of 238 adolescents (age 12-17) admitted to psychiatric inpatient hospitalization between April 2001 and July 2003. MEASUREMENTS: Psychiatric diagnoses and onset ages obtained from the schedule for affective disorders and schizophrenia for school aged children-present and lifetime (K-SADS-PL). FINDINGS: Logistic regression analyses revealed that adolescents with phobic disorders had a 4.9-fold risk for comorbid substance dependence compared

to those without phobia. The mean onset age was 11.4 and 14.4 years for phobias and comorbid substance dependence, respectively. Boys (13.7 years) had a statistically significantly lower onset age for substance dependence than girls (15.4 years). Over one-half of the adolescents with phobic disorders had developed substance dependence within three years after the onset of phobia.

**CONCLUSIONS:** We found that phobias might influence the development of secondary substance dependence within a few years from the onset of phobia already in adolescence.

RC Library circulation no. 20160.

Jackson, CT. [et al.] **“Validity of Self-Reported Drug Use Among People with Co-Occurring Mental Health and Substance Use Disorders.”** *Journal of Dual Diagnosis*, 2004; 1(1):49-63.

**Abstract: Objectives:** The validity of self-reports of drug use from individuals who abuse substances has been questioned. Results from studies examining the accuracy of such self-reports have been mixed, indicating the need for closer examinations of the factors associated with concordance between self-reported drug use and results of urine screens. **Methods:** As part of a larger study examining the effectiveness of interventions for people with co-occurring mental health and substance use disorders, we examined the agreement between self-report and urine screens for recent drug use. **Results:** Overall, the concordance between self-report and results from urine screens was high (80-84% agreement overall and 75-79% for the subset where the urine screen indicated recent drug use). Estimates for the likelihood of use of marijuana and cocaine within the past 30 days were 15% and 32%, respectively, based on urine screens, 25% and 35% based on self-report, and 28% and 43% based on information from both sources combined. About 1/3 of individuals who had at least one positive urine screen misrepresented their drug use at least once. Such misrepresentation tended to increase with time in the study. **Conclusions:** The relatively high concordance rates between selfreport and urine screens indicate that situations can be structured so that individuals with co-occurring mental health and substance use disorders report instances of substance use accurately most of the time. Given the observed increase in failure to report use through time, the utility of biologicalmarkers may be more valuable as clients develop relationships with clinicians.

RC Library circulation no. 20884.

Kahler, CW. [et al.] **“Motivational Enhancement for 12-Step Involvement Among Patients Undergoing Alcohol Detoxification.”** *Journal of Consulting and Clinical Psychology*, 2004; 72:736-741.

**Abstract:** Forty-eight patients undergoing inpatient detoxification for alcohol dependence were assigned to either brief advice (BA) to attend Alcoholics Anonymous or a motivational enhancement for 12-step involvement (ME-12) intervention that focused on increasing involvement in 12-step self-help groups. Attendance at 12-step groups did not differ significantly by treatment condition over 6 months of follow-up, nor did drinking outcomes. There was a significant interaction between 12-step experience and treatment condition, indicating that ME-12 was associated with relatively better alcohol outcomes at the low ends of 12-step experience, whereas BA was associated with relatively better outcomes at the high ends of 12-step experience. Results indicate that among patients undergoing alcohol detoxification, ME-12 may be beneficial only for those who have little experience with 12-step groups.

RC Library circulation no. 20052.

Kalman, D. [et al.] **“Alcohol Dependence, Other Psychiatric Disorders, and Health-Related Quality of Life: A Replication Study in a Large Random Sample of Enrollees in the Veterans Health Administration.”** *American Journal of Drug and Alcohol Abuse*, 2004; 30:473-487.

**Abstract:** The purpose of this study was to investigate the relationship between alcohol dependence and health-related quality of life (HRQoL) in people with and without other selected psychiatric disorders. A sample of 127,308 Veterans Health Administration enrollees completed a survey that included questions about alcohol use and the Veterans SF-36, a well-validated measure of HRQoL. In addition, a Veterans Administration database was used to obtain respondents' past-year history of alcohol dependence and other psychiatric disorders. Comorbid psychiatric disorders significantly moderated or attenuated the relationship between alcohol dependence and HRQoL. Respondents with a history of alcohol dependence plus one or more other psychiatric disorders had significantly lower HRQoL in domains pertaining to psychological and social functioning than respondents with alcohol dependence only. Effect size differences (mean differences of clinical groups/pooled standard deviation) were large (greater than 0.80 of one standard deviation). Respondents with a history of alcohol dependence only vs. no history of alcohol dependence had poorer HRQoL. Effect size differences were small to moderate (between 0.20 and 0.50 of one standard deviation). Findings highlight the important moderating influence of comorbid psychiatric disorders in the relationship between alcohol dependence and HRQoL. As comorbid psychiatric disorders are often associated with poorer treatment outcome, findings also provide strong corroboration for the importance of treating other psychiatric disorders concurrently with alcohol dependence.  
RC Library circulation no. 19977.

Kandel, DB. [et al.] **“Comorbidity between Patterns of Substance Use Dependence and Psychiatric Syndromes.”** *Drug and Alcohol Dependence*, 2001; 64:233-41.

[Excerpted from abstract.] **“CONCLUSIONS:** Individuals uniquely dependent on a single drug class experience similar rates of psychiatric morbidity. All those dependent on illicit drugs experience higher rates of psychiatric syndromes. This reflects the additive association of dependence on legal and illegal drugs with psychiatric disorders and the increased rates of dependence on a legal drug among those dependent on an illicit drug. Individuals with multiple dependencies on legal and illegal drugs have the highest need for mental health services.”  
Includes bibliographic references.  
RC Library circulation no. 17111.

Kelly, T. [et al.] **“Psychiatric Disorders and Attempted Suicide Among Adolescents with Substance Use Disorders.”** *Drug and Alcohol Dependence*, 2004; 73:87-97.

**Abstract:** *Objective:* To determine the effects of psychiatric disorders on attempted suicide among adolescents with substance use disorders (SUD). *Methods:* Age of onset for psychiatric disorders, age of first suicide attempt, and the relationship of psychiatric disorder with attempted suicide were investigated in a sample of 503 adolescents with DSM-IV defined SUD (age range: 12.2–19.0 years). *Results:* Males who attempted suicide had a significantly earlier onset of alcohol use disorders (AUD) and significantly more mood, AUD, and disruptive behavior disorder symptoms compared to non-attempting males. Females who attempted suicide had a significantly earlier onset and higher counts of mood disorders and SUD symptoms compared to non-attempting females. Hazard analysis revealed that mood disorders represent the highest psychiatric risk for attempted suicide in both the genders. Attention deficit-hyperactivity disorder (ADHD) increased the risk for attempted suicide among males. The interaction of mood disorder and AUD increased the risk for attempted suicide among females. *Conclusions:* Clinicians should closely monitor SUD adolescents for suicide risk and be aware of gender differences for suicidal behavior based on course and severity of psychiatric disorder in this population.  
Includes bibliographic references.  
RC Library circulation no. 19676.

Kidorf M. [et al.], **“Prevalence of Psychiatric and Substance Use Disorders in Opioid Abusers in a Community Syringe Exchange Program.”** *Drug and Alcohol Dependence*, 2004; 74:115-22.

**Abstract:** The present study evaluates the prevalence of psychiatric and substance use disorders in male and female intravenous opioid abusers participating at a community needle exchange program (NEP). All participants ([Formula: see text]) were administered the Structured Clinical Interview for the DSM-IV (SCID) for Axis I disorders and antisocial personality disorder (APD). Psychiatric and substance abuse comorbidity were highly prevalent. Major depression was the most common current and lifetime Axis I non-substance use disorder (6 and 21% of the sample, respectively); 37% were diagnosed with APD. Over 50% of the sample was diagnosed with at least one non-substance use Axis I disorder or APD. In addition to opioid dependence, cocaine dependence was the most prevalent current and lifetime substance use disorder (68 and 78% of the sample, respectively), followed by alcohol and cannabis dependence. Overall, participants reported a mean of over one current and over three lifetime substance use disorders in addition to opioid dependence. Women reported higher rates of post-traumatic stress disorder (PTSD), while men were more likely diagnosed with APD. Presence of a psychiatric disorder was associated with increased prevalence of substance use disorder for all drug classes. The high rates of comorbidity observed in this sample suggest that the harm reduction efforts of NEPs can be significantly enhanced through referral of participants to programs that treat substance use and/or other psychiatric disorders.

RC Library circulation no. 19843.

Killen JD. [et al.] **“Major Depression Among Adolescent Smokers Undergoing Treatment for Nicotine Dependence.”** *Addictive Behaviors*, 2004; 29(8):1517-26.

**Abstract:** This is the first study to examine the prevalence and effects of major depression (MDD) in a sample of adolescent smokers (N = 211) undergoing treatment for nicotine dependence. We assessed MDD at baseline and end of treatment with the mood disorders portion of the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV). Eleven percent of participants reported a history of MDD (6% of males and 21% of females). Study variables did not distinguish those with and without a history of MDD. End of treatment abstinence rates and relapse rates were similar in both groups. Two participants (1%), both female, experienced onset of MDD during the treatment. The findings provide further evidence that MDD is a comparatively common disorder among children and adolescents and that clinicians should monitor and be prepared to respond to depression that may emerge during the treatment of nicotine-dependent adolescents.

RC Library circulation no. 20266.

Kolodziej ME, Griffin ML, Najavits LM, Otto NW, Greenfield SF, Weiss RD. **“Anxiety Disorders Among Patients with Co-Occurring Bipolar and Substance Use Disorders.”** *Drug and Alcohol Dependence*, 2005; 80(2):251-257.

**Abstract:** Bipolar and substance use disorders are known to co-occur frequently, but limited attention has been paid to anxiety disorders that may accompany this dual diagnosis. Therefore, we examined the prevalence and nature of anxiety disorders among treatment-seeking patients diagnosed with current bipolar and substance use disorders, and investigated the association between anxiety disorders and substance use. Among 90 participants diagnosed with bipolar disorder I (n=75, 78%) or II (n=15, 22%), 43 (48%) had a lifetime anxiety disorder, with post-traumatic stress disorder (PTSD) occurring most frequently (n=21, 23%). We found that those with PTSD, but not with the other anxiety disorders assessed, began using drugs at an earlier age and had more lifetime substance use disorders, particularly cocaine and amphetamine use disorders, than those without PTSD. Further examination revealed that (1) most participants with PTSD were women, (2) sexual abuse was the most frequently reported index trauma, and (3) the mean age of the earliest index trauma

occurred before the mean age of initiation of drug use. Our findings point to the importance of further investigating the ramifications of a trauma history among those who are dually diagnosed with bipolar and substance use disorders.  
RC Library circulation no 21703.

Kosten, T. [et al.] **“Depression Predicts Higher Rates of Heroin Use on Desipramine with Buprenorphine than with Methadone.”** *American Journal on the Addictions*, 2004; 13:191-201.

**Abstract:** The effect of lifetime depression was examined in a randomized clinical trial in 164 opioid- and cocaine-dependent patients who were treated with desipramine in combination with either methadone or buprenorphine. We examined treatment retention, illicit opioid and cocaine use, and depressive symptoms, and found that opioid-free urines at baseline, but not later in treatment, were greater among the depressed than non-depressed patients. Among the depressed patients, depressive symptoms at baseline, but not later in treatment, were greater in patients treated with buprenorphine than methadone. Desipramine did not reduce depressive symptoms more than placebo. Finally, the depressed patients treated with desipramine and buprenorphine showed the least improvement in opioid-free urines, while the non-depressed patients treated with desipramine and methadone had more opioid-free urines than those patients treated with placebo desipramine. Cocaine-free urines showed no association with depression. This poor outcome with desipramine and buprenorphine suggests that this medication combination is not indicated in depressed opioid-dependent patients.

RC Library circulation no. 19857.

Kranzler, HR. and Rosenthal, RN. **“Dual Diagnosis: Alcoholism and Co-Morbid Psychiatric Disorders.”** *American Journal on Addictions*, 2001; 12(1) Supplement:S26-S40.

**Abstract:** Although alcohol use disorders are commonly associated with co-morbid drug use and psychiatric disorders, such co-morbidity is frequently underdiagnosed and inadequately treated. This paper reviews the epidemiological, diagnostic, and treatment literature on the co-morbidity of alcoholism, with a focus on the most common co-morbid disorders: drug abuse, mood disorders, anxiety disorders, and antisocial personality disorder. The paper goes on to describe a number of promising approaches to the treatment of these common co-morbid disorders in alcoholics. Despite the difficulties inherent in treating dual diagnosis patients, the clinician must recognize that is possible to derive valid diagnosis and deliver efficacious treatment to such patients.

RC Library circulation no. 18947.

Laudet AB, Magura S, Cleland CM, Vogel HS, Knight EL, Rosenblum A. **“The Effect of 12-Step Based Fellowship Participation on Abstinence Among Dually Diagnosed Persons: A Two-Year Longitudinal Study.”** *Journal of Psychoactive Drugs*, 2004; 36(2):207-216.

**Abstract:** A large percentage of individuals are dually-diagnosed with a psychiatric disorder and a substance use disorder. Such persons typically face more difficulties and have poorer outcomes than do single disorder substance users. Among noncomorbid substance users, treatment and participation in 12-Step groups have been shown to enhance the likelihood of abstinence from substance misuse. Specialized 12-Step based fellowships have recently emerged to address the recovery needs of dually-diagnosed persons. The present study is a longitudinal investigation of the effect of such 12-Step based groups on abstinence among dually-diagnosed persons. Participants were members of Double Trouble in Recovery (DTR) who were recruited at community-based meetings in New York City and reinterviewed twice at yearly intervals. Generalized estimating equation analysis indicated that, over the two-year study period, ongoing DTR attendance was significantly associated with a greater likelihood of abstinence after controlling for other pertinent variables, such as mental health

symptoms. For clinicians, these findings underline the importance of fostering stable affiliation with specialized 12-Step based groups among their clients.

RC Library circulation no. 20039.

Libby AM, Orton HD, Stover SK, Riggs PD. **“What Came First, Major Depression or Substance Use Disorder? Clinical Characteristics and Substance Use Comparing Teens in a Treatment Cohort.”** *Addictive Behaviors*, 2005; 30(9):1649-1462.

**Abstract:** This study utilized data on a treatment cohort from a randomized clinical trial that recruited adolescents with co-occurring major depression and substance use disorder (N=126). The purpose of this study was to compare adolescents for whom the onset of depression was first versus those for whom the onset of substance use disorder was first or in the same year as depression. Intake clinical evaluations were abstracted to yield common stressors that included childhood abuse, early loss or death, exposure to violence, and attachment problems. Tobacco, alcohol, and cannabis initiation and dependence were compared for the depression first and substance use disorder first groups, and within those groups by gender. Among the substances studied, only cannabis dependence was significantly more prevalent among those with depression first. Comparisons suggest some differences in the developmental path toward comorbid depression and substance use disorders, but remarkable similarity in measures of dependence and severity. Although small samples limited statistical significance, observed differences suggest possible avenues for prevention or intervention.

RC Library circulation no. 21687.

Little, J. **“Treatment of Dually Diagnosed Clients.”** *Journal of Psychoactive Drugs*, 2001; 33:27-31. **[Excerpted from abstract.]** “This article addresses general issues regarding the complexities of dual diagnosis--differential diagnosis, the difficulty of achieving abstinence for people who perceive significant benefits from drug use, and the problems due to the historical split between the mental health and substance abuse treatment systems. Harm reduction, an approach to treating drug-using clients that focuses on the damage done by drugs and alcohol without insisting on abstinence from all psychoactive substances, can offer a useful way of conceptualizing treatment of dual diagnosis.”

Includes bibliographic references.

RC Library circulation no. 16629.

Lucksted, A. [et al.] **“Specifying Cigarette Smoking and Quitting Among People with Serious Mental Illness.”** *American Journal on the Addictions*, 2004; 13:128-38.

**Abstract:** People with serious mental illnesses (SMI) have a high prevalence of cigarette smoking. Details of their smoking and quitting behaviors are needed to create effective interventions. This study aims to describe the smoking and quitting histories, current behaviors, and motivations of an outpatient sample of smokers with SMI. A structured interview and Breathalyzer assessment were administered to 120 smokers from four diverse mental health settings. Participants' smoking and quitting self-report data are presented in combination with demographic and clinical variables; the results provide implications for smoking cessation, amelioration, and prevention interventions and for future research.

RC Library circulation no. 19857.

Magruder, KM [et al.] **“Screening for Co-Occurring Mental Disorders in Drug Treatment Populations.”** *Journal of Drug Issues*, 2005; 35(3):593-606.

**Abstract:** Substance abuse treatment organizations are universally faced with the problem of co-occurring psychiatric disorders among the clients they serve. A first step is assessment of such comorbid conditions; however, the time constraints in front-line substance abuse treatment

organizations make extensive clinical assessments almost impossible. The development and validation of a brief screening tool for psychiatric disorders in individuals with substance use disorders (SUDs) could have enormous implications for clinical practice. We assessed the performance characteristics of the Psychiatric Diagnostic Screening Questionnaire (PDSQ) and the Conner's Adult ADHD Rating Scale (CAARS) against the Structured Clinical Interview from DSM-IV (SCID-IV) in 120 patients admitted to SUD treatment. Patients were randomly assigned to receive either the SCID or PDSQ. In general, the PDSQ and CAARS performed well. There were no statistically significant performance differences by order of admissions, gender, or drug use in past month. For the GAD subscale, Caucasian patients had higher levels of agreement than non-Caucasian patients.

RC Library circulation no. 21260.

Magura, S. [et al.] **"Role of Self-Help Processes in Achieving Abstinence Among Dually Diagnosed Persons."** *Addictive Behaviors: An International Journal*, 2003; 28:399-414.

**Abstract:** The effectiveness of participation in dual-focus groups (i.e., focusing on both mental health and substance use) has not been studied empirically. The study examined whether three hypothesized active ingredients of self-help (helper-therapy, reciprocal-learning, and emotional-support process) are associated with drug/alcohol abstinence outcomes for members of 12-step dual-focus fellowship, Double Trouble in Recovery (DTR). The study was able to control for member attitudes and behaviors at baseline, which might be related to both self-help processes and outcomes, i.e., extent of participation in DTR and traditional 12-step groups, prior drug/alcohol use, severity of psychiatric symptoms, motivation for change, stressful life events, perceived coping, self-efficacy for recovery, and social support. Members of 24 DTR groups in New York City were recruited, interviewed, and reinterviewed after 1 year. Drug/alcohol abstinence in the past year increased from 54% at baseline to 72 % at follow-up. Helper-therapy and reciprocal-learning activities were associated with better abstinence outcomes, independent of other attitude and behaviors of the members. However, emotional support was not related to outcome. We conclude that specific elements of self-help participation contribute substantially to progress in recovery for members of dual-focus groups; facilitating such self-help processes should be encouraged by clinicians and senior fellowship members. Includes bibliographic references.

RC Library circulation no. 19165.

Mangrum FM, Spence RT, Lopez L. **"Integrated Versus Parallel Treatment of Co-Occurring Psychiatric and Substance Use Disorders."** *Journal of Substance Abuse Treatment*, 2006; 30(1):79-84.

**Abstract:** The study examines 1-year treatment outcomes of 216 individuals with co-occurring severe and persistent mental illness and substance use disorders who were assigned to an integrated or parallel treatment condition. Comparisons indicated that the integrated group achieved greater reductions in the incidence of psychiatric hospitalization and arrest. The results of this study support the enhanced effectiveness of integrated treatment in decreasing the use of higher cost crisis-oriented services in clients with severe mental illness and substance use disorders.

RC Library circulation no. 21818.

Martino, S. [et al.] **"Motivational Interviewing with Psychiatrically Ill Substance Abusing Patients."** *The American Journal on Addictions*, 2000; 9(1):88-91.

**Abstract:** This pilot study reports the relative efficacy of a one-session preadmission motivational interview (n = 13) compared to a standard preadmission interview (n = 10) for psychiatrically ill substance abusing patients in a partial hospital program.

McKay JR. **“Co-Occurring Substance Dependence and Depression: Practical Implications and Next Questions.”** *Addiction*, 2005; 100(12):1755-1757.

**Abstract:** Editorial. None available

RC Library circulation no. 21776.

Mee-Lee D. **“The ASAM Patient Placement Criteria and Co-Occurring Disorders: Implications for Assessment and Treatment.”** *Counselor: The Magazine for Addiction Professionals*, 2005.

6(5):28-33.

**Abstract:** Not available.

RC Library circulation no. 21625.

**“Methamphetamine Abuse and Mood Disorders.”** *DATA: The Brown University Digest of Addiction Theory and Application*, 2004; 23(2):5.

[Excerpted from article.] Results from a recent study suggest that people being treated for methamphetamine abuse may benefit from therapy for depression and anxiety. Researchers found that people who had recently stopped using methamphetamine reported higher ratings of depression and anxiety than those who had not abused the drug. Brain scans revealed that in former methamphetamine abusers, glucose metabolism was lower in brain regions linked to depressive disorders, depressed mood and sadness. The scans also showed that glucose metabolism was higher in regions linked to anxiety and drug cravings.

[Original article cited: London, et al. “Mood Disturbances and Regional Cerebral Metabolic Abnormalities in Recently Abstinent Methamphetamine Abusers.” *Archives of General Psychiatry* 61 (2004): 73-84. RC Library does not subscribe to this journal.]

RC Library circulation no. 16670.

Minkoff, K. and Cline, CA. **“Changing the World: The Design and Implementation of Comprehensive Continuous Integrated Systems of Care for Individuals with Co-Occurring Disorders.”** *Psychiatric Clinics of North America*, 2004; 27:727-743.

**Abstract:** Individuals with co-occurring psychiatric and substance disorders increasingly are recognized as a population that is highly prevalent in addiction and mental health service systems, associated with poor outcomes and higher costs in multiple domains. In addition, they long have been recognized to be system misfits in systems of care that have been designed to treat one disorder only or only one disorder at a time. Thus, instead of being prioritized for attention, these individuals with challenging problems are made more challenging, because the systems of care in which they present have significant regulatory, licensing, and reimbursement barriers to the implementation of successful treatment.

The purpose of this article is to describe the Comprehensive Continuous Integrated System of Care (CCISC) model, to outline a strategic implementation process termed the “12 Step Program of CCISC Implementation, and then to describe examples of current CCISC implementation projects in the United States and Canada, along with information on project evaluation and outcomes.

Minkoff, K. and Cline CA. **“Developing Welcoming Systems for Individuals with Co-Occurring Disorders: The Role of the Comprehensive Continuous Integrated System of Care Model.”**

*Journal of Dual Diagnosis*, 2004; 1(1):65-89.

**Abstract:** This paper reviews a best practice model for design and implementation of system-wide integrated services for individuals with co-occurring disorders, and illustrates the application of that model to the implementation of the specific clinical attitude and practice of welcoming in a number of ongoing Comprehensive Continuous Integrated System of Care (CCISC) projects. Welcoming,



while not formally an “evidence based best practice,” is a clinical service delivery standard that also creates a strategic energy to promote implementation of other best practice interventions. Given that CCISC can be designed within the resource base of any system, and given that initial projects have been able to describe some early success in creating meaningful shifts in clinical practice, the model appears to have some face value in application to complex systems. Clearly, more formal evaluation of system, program, and client outcomes from CCISC projects is needed; the authors are currently in the process of designing such evaluation studies.

RC Library circulation no. 20884.

Mojtabai R. **“Which Substance Abuse Treatment Facilities Offer Dual Diagnosis Programs?”** *The American Journal of Drug and Alcohol Abuse*, 2004; 30(3):525-36.

**Abstract:** This report examines the distribution of specialized programs or groups for dual diagnosis clients in substance abuse treatment facilities across the United States and the availability of services often needed by this client population at these facilities. Data from the National Survey of Substance Abuse Treatment Services (N-SSATS) were used to assess the geographic distribution and the characteristics of facilities that offer dual diagnosis treatment programs/groups and to examine the other clinical, social, and health services available in these facilities. Overall, 49.9% of all U.S. substance abuse treatment facilities offered dual diagnosis programs/groups. There were no clear regional variations on availability of these services. There were, however, clear variations based on facility ownership and treatment modality. Facilities owned by the federal, state, and local governments, and those offering inpatient treatment were more likely than were other facilities to offer dual diagnosis programs/groups. A large proportion of facilities with specialized dual diagnosis programs/ groups did not offer mental, social, or health services often needed by dual diagnosis clients. It is concluded that specialized programs for dual diagnosis clients are offered in many different substance abuse treatment facilities, attesting to the growing recognition of the special needs of this group of clients. However, dissemination of comprehensive services often needed to meet the special needs of these clients has not kept pace with the spread of specialized programs, highlighting the need for establishing and implementing standard evidence-based guidelines for dual diagnosis treatment programs in these settings.

RC Library circulation no. 20287.

Murdock TB, Wendler AM, Nilsson JE. **“Addiction Counseling Self-Efficacy Scale (ACSES): Development and Initial Validation.”** *Journal of Substance Abuse Treatment*, 2005; 29(1):55-64.

**Abstract:** This article reports on the development of the Addiction Counseling Self-Efficacy Scale (ACSES) through two studies. Exploratory factor analysis yielded a five-factor solution that accounted for 65% of the variance. The five factors obtained assess various aspects of addiction counselors' perceived self-efficacy for working with clients in the areas of (a) specific addiction counseling skills, (b) assessment, treatment planning, and referral skills, (c) co-occurring disorders skills, (c) group counseling skills, and (d) basic counseling skills. Reliability estimates suggest that the ACSES is internally reliable. Initial criterion validity is supported through comparisons of certified/licensed and noncertified/licensed addiction counselors on ACSES scores and among level of expertise in the addiction field, specific work activities, and ACSES scores. Preliminary evidence indicates that the ACSES is a reliable and valid instrument to use when assessing addiction counselors' self-efficacy for working with clients. The next steps in the development of ACSES are also discussed.

RC Library circulation no. 21496.

Najavits LM, Schmitz M, Gotthardt S, Weiss RD. **“Seeking Safety Plus Exposure Therapy: An Outcome Study on Dual Diagnosis Men.”** *Journal of Psychoactive Drugs*, 2005; 37(4):425-535.

**Abstract:** This study arose out of a prominent clinical need: effective treatment for comorbid posttraumatic stress disorder (PTSD) and substance use disorder (SUD) in civilian men. This dual diagnosis is estimated to occur in up to 38% of men in substance abuse treatment, and generally portends a more severe clinical course than SUD alone. Clinical issues include self-harm, suicidality, perpetration of violence against others, and HIV risk behaviors. This study appears to be the first outcome trial to address a sample of civilian men with PTSD and SUD using manualized psychosocial treatment. It evaluates a novel combination treatment, Seeking Safety plus Exposure Therapy-Revised. The former is a coping skills treatment designed for PTSD and SUD; the latter is an adaptation of Foa's exposure therapy, modified for PTSD and SUD. In this small sample (n = 5) outpatient pilot trial, patients with current PTSD and current SUD were offered 30 sessions over five months, with the option to select how much of each type of treatment they preferred. Outcome results showed significant improvements in drug use; family/social functioning; trauma symptoms; anxiety; dissociation; sexuality; hostility; overall functioning; meaningfulness; and feelings and thoughts related to safety. Trends indicating improvement on 11 other outcome variables were also found. Treatment attendance, satisfaction, and alliance were extremely high. The need for further evaluation using more rigorous methodology is discussed.

RC Library circulation no. 21784.

Najavits LM, Sullivan TP, Schmitz M, Weiss RD, Lee CS. **"Treatment Utilization By Women With PTSD and Substance Dependence,"** *American Journal on Addictions*, 2004; 13(3):215-224.

**Abstract:** This study reports the treatment utilization of 77 women with post-traumatic stress disorder (PTSD) and substance dependence in three areas: lifetime utilization, past thirty days utilization, and perceived helpfulness/harmfulness of current treatments. Results indicated high lifetime treatment utilization overall, yet, for one subgroup, no treatment exposure at all. Most current treatments were focused on SA, in striking contrast to participants' preference: over 80% would choose either combined SA/PTSD treatment or PTSD-alone treatment. The most common treatments were individual therapy, medication, and hospitalization. Some treatments were perceived as harmful by some participants. The discussion addresses how to help patients obtain needed treatments.

RC Library circulation no. 20030.

Patkar, AA. [et al.] **"A Comparison of Medical Symptoms Reported by Cocaine-, Opiate-, and Alcohol-Dependent Patients."** *Substance Abuse*, 1999; 20:227-35.

**Abstract:** This article looks at the medical problems that may come as consequences of substance use. The major physical disorders associated with drug abuse in this study are gastroenterological, respiratory, cardiovascular, neurological and dermatological disorders. According to the abstract, "This study highlights the influence of drug of choice, gender, and race on medical needs of substance-abusing persons" (227). Includes bibliographic references.

RC Library circulation no. 16670.

Perry, EB. [et al.] **"Mazindol Augmentation of Antipsychotic Treatment for Schizophrenic Patients with Comorbid Cocaine Abuse or Dependence: A Preliminary Double-Blind, Randomized, Placebo-Controlled Trial."** *Journal of Dual Diagnosis*, 2004; 1(1):37-47.

**Abstract: Objectives:** Cocaine abuse has a negative impact on the natural history of schizophrenia. There are no proven treatments for cocaine abuse in schizophrenia patients. The catecholamine reuptake inhibitor, mazindol, has been reported to reduce cocaine abuse in some studies. Here we report the results of a double-blind, randomized, placebo-controlled 6-week pilot study of mazindol augmentation of antipsychotic pharmacotherapy in patients diagnosed with comorbid schizophrenia and cocaine abuse or dependence. **Methods:** Patients diagnosed with schizophrenia or

schizoaffective disorder and cocaine abuse or dependence participated in group therapy focused on substance abuse issues and were randomly assigned to mazindol (1 mg tid, increased to 2 mg tid after 1 week) or matched placebo in addition to their current antipsychotic medication for 6 weeks. **Results:** Twenty-four patients were included in the analysis, with 11 and 13 randomized to the mazindol and placebo groups, respectively. While safe and well-tolerated, mazindol was ineffective in reducing cocaine consumption, cocaine craving, and psychiatric symptoms. **Conclusions:** These results do not support the efficacy of mazindol in decreasing cocaine craving, cocaine consumption, and psychiatric symptoms in schizophrenic and schizoaffective patients. RC Library circulation no. 20884.

Piran N, Robinson, SR. **“Association Between Disordered Eating Behaviors and Licit and Illicit Substance Use and Abuse in a University Sample.”** *Addictive Behaviors*, 2006;

**Abstract:** OBJECTIVES: To examine associations between discrete eating disordered behaviors as well as clusters of eating disordered behaviors in relation to the use and abuse of a wide spectrum of substance classes, both licit and illicit, in a female university sample. METHODS: Women with particular types of eating disordered behaviors were selected from a pool of 526 students who completed the Women's Health Survey. Analyses compared the frequencies of lifetime engagement in a wide range of licit and illicit substances between each of the eating disorder groups and the normal control group. RESULTS: Associations were found between severe levels of alcohol consumption and binge eating, dieting with purging and the use of central nervous stimulants, and bingeing with dieting and tobacco use and the abuse of prescription medications. CONCLUSION: Examining a broad range of substance classes, with differing physiological properties and effects, in relation to specific disordered eating behaviors, could contribute to theory development regarding the functions of the specific co-occurring behaviors. RC Library circulation no.

Pozzi g, Frustacia A, Janiri L, Giannantonio MD. **“The Challenge of Psychiatric Comorbidity to the Public Services for Drug Dependence in Italy: A National Survey.”** *Drug and Alcohol Dependence*, 2005; 80(2):

**Abstract:** We evaluated the availability of resources and specific expertise for treating comorbidity at the Italian public Services for Drug Dependence (SerTs). A stratified sample of 100 SerTs was constructed and a specific questionnaire mailed to the clinical managers. The interview aimed at: characteristics of the respondent; theoretical knowledge of comorbidity; influence of dual diagnosis on clinical practice; general, human, and organisational resources; quality evaluation. Main results: (a) 90% of managers are medical doctors but <50% have a specialisation in psychiatry or qualification in psychotherapy; (b) about half of the managers have a fair knowledge of comorbidity; (c) the managers' estimate of prevalence is 25% for Axis I and 25-50% for Axis II comorbidity, and they consider the bad course of illness as the main cause of increased costs; (d) the SerTs' resources appear incomplete: psychiatric consultation and collaboration with therapeutic communities are available in about 90%, but routine assessment of psychopathology and day hospital or day care programs are lacking in over 50%; (e) about half of the managers declare themselves fairly satisfied about the treatments offered, but 80% complain about inadequate cooperation of the mental health services and >95% claim about inadequate education of their staff. The results were also analysed by factors of stratification: regional distribution, urban/rural location, and number of clients in care. In conclusion, the problem of comorbidity should be faced more effectively, particularly by means of improved organisational resources and continuing education of staff members. RC Library circulation no.

Read JP, Brown PJ, Kahler CW. **“Substance Use and Posttraumatic Stress Disorders: Symptom Interplay and Effects on Outcome.”** *Addictive Behaviors*, 2004; 29(8):1665-72.

**Abstract:** This study examined concurrent and prospective associations between substance use disorder (SUD) and posttraumatic stress disorder (PTSD) diagnosis and symptoms and mechanisms underlying these associations. Participants (n = 133) were assessed at intake and 6 months following inpatient SUD treatment. Patients differed by baseline PTSD status on psychiatric comorbidity and substance use history but not on current substance use symptoms. Participants with alcohol use disorders reported a greater number of reexperiencing symptoms. Baseline PTSD status did not predict substance use outcome. However, change in PTSD status over follow-up predicted substance use outcomes; those with unremitted PTSD demonstrated poorer SUD outcome than those with remitted PTSD. General psychiatric distress at follow-up was associated with poorer outcomes, and such distress mediated the association between PTSD change status and substance use outcome. Findings suggest that clinicians should assess for PTSD among those with SUD and, during treatment, should monitor PTSD and other psychological symptoms, which may be risk factors for relapse to substance abuse.

RC Library circulation no. 20266.

Repetto PB, Zimmerman MA, Caldwell CH. **“A Longitudinal Study of the Relationship between Depressive Symptoms and Alcohol Use in a Sample of Inner-City Black Youth.”** *Journal of Studies on Alcohol*, 2004; 65:169-78.

**Abstract:** **OBJECTIVE:** The purpose of this study was to examine longitudinally the relationship between depressive symptoms and alcohol use in a sample of black youth. **METHOD:** Participants were 458 black males and females interviewed annually during the high school years and then for 3 years during the transition to adulthood. The relationship was examined using growth curves with Hierarchical Linear Modeling. **RESULTS:** The results suggest that depressive symptoms decrease over time, whereas the use of alcohol increases. The findings also suggest that youths use alcohol as a way to cope with depressive symptoms and that males are more likely to use alcohol as self-medication. The results also indicate that changes in alcohol use do not predict depressive symptoms, but that life changes associated with the transition to adulthood, such as attending college, predict changes in depressive symptoms and alcohol use. **CONCLUSIONS:** Findings highlight the role of depressive symptoms for predicting alcohol use among black youth and the role of significant life transitions in altering the pattern of alcohol use presented previously by these youths.

RC Library circulation no. 19809.

Reis RK, Short RA, Dyck DG, Srebnik DS. **“Unlinking Disability Income, Substance Use and Adverse Outcomes in Dually Diagnosed, Severely Mentally Ill Outpatients.”** *American Journal on Addictions*, 2004; 13(4):390-397.

**Abstract:** The goals of the current study were to determine whether incorporating disability benefit management into combined outpatient psychiatric/addiction treatment was feasible and clinically useful for managing severely mentally ill, substance-abusing patients over time, and then if patients in this program would demonstrate the first-week-of-the-month increased substance abuse and hospitalizations shown in other studies. Forty-four patients were studied for an average of forty weeks, with little treatment or study dropout. There was no evidence in either the schizophrenic/cocaine abuser or the broader diagnostic sample of the cyclic first-of-the-month pattern of substance use and hospitalizations observed in other studies. Findings suggest that combined treatment/benefit management programs are clinically feasible and effective in stabilizing patients and keeping them in treatment.

RC Library circulation no. 20222.

Rowe CL, Liddle HA, Greenbaum PE, Henderson CE. **“Impact of Psychiatric Comorbidity on Treatment of Adolescent Drug Abusers.”** *Journal of Substance Abuse Treatment*, 2004; 26(2):129-40.

**Abstract:** Comorbidity of substance abuse disorders (SUD) and psychiatric disorders is one of the most important areas of investigation in contemporary drug abuse treatment research. This study examined the impact of psychiatric comorbidity on the treatment of 182 adolescent drug abusers in a randomized clinical trial comparing family and individual cognitive-behavioral therapy. Three distinct groups of adolescent substance abusers were compared: (1) Exclusive Substance Abusers (SUD only); (2) Externalizers (SUD + externalizing disorder); and (3) Mixed Substance Abusers (SUD + externalizing and internalizing disorder). The purpose of this study was to determine whether adolescents in these comorbid groups differed in clinical presentation and treatment response. More severe comorbidity was associated with greater family dysfunction and being female and younger at intake. An examination of substance use trajectories over time indicated that the Mixed group initially responded to treatment but returned to intake levels of substance use by 1 year post-discharge.

RC Library circulation no. 19790.

Salloum IM, Cornelius JD, Douaihy A, Kirisci L, Daley DC, Kelly TM. **“Patient Characteristics and Treatment Implications of Marijuana Abuse Among Bipolar Alcohols: Results from a Double Blind, Placebo-Controlled Study.”** *Addictive Behaviors*, 2005; 30(9):1702-1708.

**Abstract:** **OBJECTIVE:** Marijuana abuse, primarily a disorder of adolescents and young adults, is highly prevalent among patients with severely ill psychiatric population, especially those with bipolar disorder. Additional marijuana abuse may impact on the clinical presentation of bipolar illness and may potentially act as mediator of treatment response in this population. However, the characterization of bipolar disorder patients with additional marijuana abuse and the impact of such abuse on treatment outcome has been rarely examined. The aim of this study was to characterize bipolar alcoholic patients with comorbid marijuana abuse and test the impact of marijuana abuse on alcohol and mood outcome of patients with bipolar disorder and comorbid alcohol dependence. **METHOD:** We conducted secondary analyses of a randomized, double blind, placebo-controlled trial testing valproate in 52 bipolar alcoholics. Subjects had a comprehensive assessment at baseline using structured diagnostic assessments, and they were then assessed every 2 weeks for 24 weeks. **RESULTS:** Twenty-five subjects (48%) reported marijuana abuse. Those with co-occurring marijuana abuse were younger, had fewer years of education, and had significantly higher number of additional psychiatric comorbidity. They also had more severe alcohol and other drug use and were significantly more likely to present in the manic phase. The mixed model indicated that the placebo-treated marijuana abuse group had the worst alcohol use outcome. **CONCLUSIONS:** Marijuana abuse among patients with bipolar disorder and alcohol dependence is associated with higher degree of severity of alcohol and other drugs of abuse and may negatively impact on alcohol treatment outcome.

RC Library circulation no. 21687.

Schade A, Marquenie LA, van Balkom AJ, Koeter MW, de Beurs E, van den Brink W, van Dyck R. **“The Effectiveness of Anxiety Treatment on Alcohol-Dependent Patients with a Comorbid Phobic Disorder: A Randomized Controlled Trial.”** *Alcoholism: Clinical and Experimental Research*, 2005; 29(5):794-800.

**Abstract:** **OBJECTIVE:** Evidence has emerged which indicates that the post-treatment relapse rate for alcohol-dependent patients with a comorbid anxiety disorder is higher than for alcohol-dependent patients without a comorbid anxiety disorder. The question raised by this evidence is whether the

relapse rate in these dually diagnosed patients could be reduced if they were given additional treatment for the comorbid anxiety disorder. We attempted to answer this question by conducting a trial among patients with a double diagnosis of alcohol dependence and agoraphobia or social phobia. **METHOD:** We conducted a 32-week randomized controlled trial among 96 abstinent patients with a primary diagnosis of alcohol dependence and a comorbid anxiety disorder involving agoraphobia or social phobia. The patients were randomly assigned to an intensive psychosocial relapse-prevention program on its own (n = 49) or in combination with an anxiety treatment program comprising cognitive behavioral therapy (CBT) and optional pharmacotherapy consisting of an SSRI (n = 47). The primary outcome measure was the percentage of patients who suffered an alcohol relapse during a 32-week period. The secondary outcome measures were total abstinence, a reduction in the days of heavy drinking, and less severe anxiety symptoms. **RESULTS:** Although the additional therapy clearly reduced the anxiety symptoms, it had no significant effect on the alcohol relapse rates. **CONCLUSION:** Anxiety treatment for alcohol-dependent patients with a comorbid anxiety disorder can alleviate anxiety symptoms, but it has no significant effect on the outcome of alcohol treatment programs.  
RC Library circulation no. 21228.

Shields AL, Hufford MR. **“Assessing Motivation to Change Among Problem Drinkers With and Without Co-Occurring Major Depression.”** *Journal of Psychoactive Drugs*, 2005; 37(4):401-408.

**Abstract:** The University of Rhode Island Change Assessment Scale (URICA) is a widely used measure of readiness to change. To evaluate the URICA's ability to discriminate among alcohol abusers with and without co-occurring major depression, the authors administered it to 193 outpatients court-referred for alcohol treatment. Estimates of internal consistency suggest that scoring the URICA using its traditional factors, as well as using the newer Readiness to Change index, produced variable yet adequately reliable scores. Further, the URICA detected statistically significant differences in motivation to change an alcohol problem between an alcohol use disorder group (AD; n = 131) and an alcohol use disorder with co-occurring depression group (AD/D; n = 62) with the AD/D group showing greater readiness to change. For the AD/D group, separate URICAs were given for alcohol use and depressed mood. Confirming previous findings, results suggest the URICA may lack sensitivity to discriminate among two simultaneously occurring psychological disorders.

RC Library circulation no. 21784.

Silvestri AJ, and Joffe JM. **“You’d Have to Be Sick Not to Be Crazy.”** *Journal of Primary Prevention*, 2004; 24:497-511.

**Abstract:** Stress can cause a variety of biological and psychological alterations in an organism, including behaviors and neurological changes that are characteristic of certain “mental illnesses.” Many stress-related disorders (e.g., cardiovascular damage, ulceration, and neuronal degeneration) occur when an organism's natural response to stress continues for an extended period of time, often due to the prolonged duration of the stressful event itself. It is during this time that stress-related disorders occur. Those prolonged stressors are more likely to occur in some populations in others—a primary example is the stressors that accompany lower SES. We propose that, similar to other stress-induced changes, many “mental illness” are normal responses to stressful situations.

RC Library circulation no. 19951.

Slesnick N, Prestopnik J. **“Dual and Multiple Diagnosis Among Substance Using Runaway Youth.”** *The American Journal of Drug and Alcohol Abuse*, 2005; 31(1):179-201.

**Abstract:** Although research on runaway and homeless youth is increasing, relatively little is known about the diagnostic profile of runaway adolescents. The current study examined patterns of

psychiatric dual and multiple diagnosis among a sample (N=226) of treatment-engaged substance-abusing youth (ages 13 to 17) who were residing at a runaway shelter. As part of a larger treatment outcome study, the youths' psychiatric status was assessed using the DSM-IV based computerized diagnostic interview schedule for children [CDISC; (1)]. The majority of the youth in our sample met criteria for dual or multiple diagnosis (60%) with many having more than one substance-use diagnosis (56%). The severity of mental-health and substance-use problems in this sample of substance-abusing runaways suggests the need for continued development of comprehensive services. The range and intensity of diagnoses seen indicates a need for greater focus on treatment development and strategies to address their multiple areas of risk.  
RC Library circulation no.20982.

Smit F, Bolier L, Cuijpers P. **“Cannabis Use and the Risk of Later Schizophrenia: A Review.”** *Addiction*, 2004 Apr; 99(4):425-30.

**Abstract:** **AIM:** To study the role of cannabis use in the onset of symptoms and disorders in the schizophrenia spectrum. **DESIGN:** Review of five population-based, longitudinal studies on the relationship between cannabis use and problems ranging from the experience of psychotic symptoms to hospitalization with a confirmed diagnosis of schizophrenia. Several hypotheses are examined that may explain this relationship: (1) self-medication; (2) effects of other drugs; (3) confounding; (4) stronger effect in predisposed people, and (5) etiological hypothesis. **FINDINGS:** Hypotheses 1 and 2 can be dismissed; hypothesis 3 is still open to debate, and converging evidence is found for hypotheses 4 and 5-antecedent cannabis use appears to act as a risk factor in the onset of schizophrenia, especially in vulnerable people, but also in people without prior history. **CONCLUSION:** There is an intrinsic message here for public health, but how that message is to be translated into action is not immediately clear.  
RC Library circulation no. 19807.

Stasiewicz PR., Bradizza CM, Maisto SA. **“Alcohol Problem Resolution in the Severely Mentally Ill: A Preliminary Investigation.”** *Journal of Substance Abuse*, 1997; 9:209-22.

**Abstract:** Participants (N=25) with a severe mental illness who were receiving mental health outpatient treatment at a state psychiatric hospital were interviewed regarding the resolution of their alcohol problem. Resolution was defined as abstinence or non-hazardous, consequence-free drinking for a minimum of 1 year. Participants were interviewed regarding their drinking history, life events, reasons for change and factors maintaining change. The results reveal that negative life events and weighing the pros and cons of drinking are more often associated with entry into treatment than positive life events and advice or warnings from others. In addition, resolution occurs with and without a history of alcohol-specific treatment and includes both abstinent and non-abstinent drinking outcomes. Although preliminary, these results are consistent with previous research investigating the resolution of alcohol problems in individuals with only a diagnosis of alcohol abuse or dependence. Unique to this population is the finding that control of psychological symptoms was identified as an important factor during the first 12 months following the resolution date. The limitations of the current study, as well as the implications of these findings for future research investigating processes of change in the severely mentally ill are discussed. Includes bibliographic references.  
RC Library circulation no.16671.

Stein, MD. [et al.] **“Adherence to Treatment of Depression in Active Injection Drug Users: The Minerva Study.”** *Journal of Substance Abuse Treatment*, 2004; 26(2):87-93.

**Abstract:** The impact of depression on drug users is extensive, serving as a trigger for high-risk injection practices and continued drug use. Yet the ability to retain active drug users in mental health

treatment has never been tested clinically. We recruited injection drug users (IDU) for a randomized study of combined psychotherapy and pharmacotherapy for the treatment of depression. Among the 53 SCID-diagnosed depressed subjects assigned to the combined treatment group, 43.4% were "fully adherent" to treatment (75% or greater attendance at cognitive-behavioral therapy (CBT) sessions or 75% or greater adherence to the pharmacotherapy regimen). The correlation of CBT attendance and pharmacotherapy use was high ( $r(s) = .74$ ). Persons with double depression (major depression plus dysthymia) were most likely to be fully adherent ( $p = .01$ ); frequency of heroin use was inversely associated with adherence. Developing public health treatment interventions to engage out-of-treatment, dually-diagnosed IDUs is possible.

RC Library circulation no. 19790.

Steinberg, M. [et al.] **"Motivational Interviewing with Personalized Feedback: A Brief Intervention for Motivating Smokers with Schizophrenia to Seek Treatment for Tobacco Dependence."** *Journal of Consulting and Clinical Psychology*, 2004; 72:723-728.

**Abstract:** Individuals with schizophrenia have a much higher prevalence of tobacco smoking, a lower cessation rate, and a higher incidence of tobacco-related diseases than the general population. The initial challenge has been to motivate these individuals to quit smoking. This study tested whether motivational interviewing is effective in motivating smokers with schizophrenia or schizoaffective disorder to seek tobacco dependence treatment. Participants ( $N = 78$ ) were randomly assigned to receive a 1-session motivational interviewing (MI) intervention, standard psychoeducational counseling, or advice only. As hypothesized, a greater proportion of participants receiving the MI intervention contacted a tobacco dependence treatment provider (32%, 11%, and 0%, respectively) and attended the 1st session of counseling (28%, 9%, and 0%) by the 1-month follow-up as compared with those receiving comparison interventions.

RC Library circulation no. 20052.

Sterling S, Weisner C. **"Chemical Dependency and Psychiatric Services for Adolescents in Private Managed Care: Implications for Outcomes."** *Alcoholism Clinical and Experimental Research*, 2005; 29(5):801-809.

**Abstract:** **BACKGROUND:** Many adolescents with alcohol and drug problems have mental health comorbidities. The literature suggests that patients entering chemical dependency (CD) treatment with co-occurring problems have less successful outcomes, including treatment dropout and relapse. We examined the impact of psychiatric services on treatment initiation, retention, and alcohol and drug abstinence outcomes for adolescents in CD treatment. **METHODS:** Participants were 419 adolescents aged 12-18 years who were seeking treatment at four CD programs of a nonprofit, managed care, group model health system and a parent or guardian for each adolescent. We surveyed participants at intake and 6 months and examined clinical and administrative data on diagnoses and CD and psychiatric utilization. Six-month response rates were 91% for adolescents and 93% for parents. **RESULTS:** Fifty-five percent of the patients with treatment intakes had at least one psychiatric diagnosis in addition to a substance use disorder. Compared with matched controls, patients with CD intakes had higher rates of depression, anxiety, eating disorders, attention deficit hyperactivity disorder, conduct disorder, and conduct disorder including oppositional defiant disorder. Thirty-one percent of the full sample had psychiatric visits in the 6 months after intake; among those with a psychiatric diagnosis, 54% had a psychiatric visit. Girls and those with higher Youth Self-Report internalizing scores were more likely to have a psychiatric visit ( $OR = 2.27$ ,  $p < 0.001$  and  $OR = 1.05$ ,  $p < 0.0001$ , respectively). Adolescents receiving psychiatric services were more likely to be abstinent from both alcohol and drugs than those not receiving these services ( $OR = 1.57$ , 95%  $CI = 0.98-2.5$ ) and more likely to be alcohol abstinent ( $OR = 1.68$ , 95%  $CI = 1.00-2.85$ ). Those adolescents at colocated clinics had higher odds of abstinence from both alcohol and



drugs (OR = 1.57, 95% CI = 1.03-2.39) and drugs (OR = 1.84, 95% CI = 1.87-2.85) and of returning after intake to initiate CD treatment (OR = 2.28, 95% CI = 1.44-3.61,  $p < 0.001$ ) than others.

CONCLUSIONS: Our results demonstrate the need for psychiatric treatment of adolescents in CD treatment and highlight the importance of their receiving such services.

RC Library circulation no. 21679.

Stewart D, Gossop M, Marsden J. **“Increased Caseloads in Methadone Treatment Programs: Implications for the Delivery of Services and Retention in Treatment.”** *Journal of Substance Abuse Treatment*, 2004; 27(4):301-6.

**Abstract:** Changes in caseload and in the provision of counseling and comprehensive services were examined among 27 outpatient methadone programs across England between 1995 and 1999. The number of patients treated at the programs doubled during this time and average waiting times increased. More patients presented for treatment with alcohol and stimulant problems, dual diagnosis, and involvement in the Criminal Justice System. Provision of individual counseling and comprehensive services was high at both points, although services for family/relationship problems were reduced at followup. Changes were reported in disciplinary procedures. Drug positive urine tests were more likely to result in loss of patient privileges, and there was a significant increase in discharges for breaking program rules, missing appointments, and consuming alcohol. The study allows only tentative conclusions to be drawn, but these changes may be indicative of increased pressures placed on the programs and their staff.

RC Library circulation no. 20843.

**“Studies Show Wide Range of Co-Occurring Disorders.”** *Substance Abuse Letter*, 2003; 9(5):1-3.

[Excerpted from article.] Two new studies highlight the need for providers of substance abuse providers of substance treatment and other health care to be aware of the myriad of health problems--both psychiatric and physical--that afflict patients in treatment for drug and alcohol problems, say officials at the National Institute on Drug Abuse (NIDA).

The studies--both partly funded by NIDA--show that people with substance abuse disorders often have accompanying conditions that can include bone fractures, muscle injuries, and pain disorders, as well as depression, anxiety, and psychosis. ‘The findings from these studies highlight the need for medical screening and treatment of comorbid conditions,’ said NIDA Director Dr. Nora D. Volkow. ‘These studies provide more evidence that substance abuse does not occur in a vacuum, but rather often exists together with a number of conditions that have serious health consequences and may influence the success of substance abuse interventions provided alone. Physicians and other health care providers need to keep in mind that a diagnosis of substance abuse should be an important warning signal to look for coexisting medical or psychiatric conditions.’

RC Library circulation no. 19424.

Sung M, Erkanli A, Angold A, Costello EJ. **“Effects of Age at First Substance Use and Psychiatric Comorbidity on the Development of Substance Use Disorders.”** *Drug and Alcohol Dependence*, 2004; 75(3):287-99.

**Abstract:** In this paper, we examine the effects of age at first substance use, and history of psychiatric disorders, on the development of substance use disorder (SUD) by age 16. We use a prospective, longitudinal design to disaggregate the effects of age at first use and time since first use on the development of adolescent SUD. Second, we test the hypothesis that adolescent SUD is an unlikely progression from early substance use unless children also show other early conduct problems. A population sample of 1,420 children from the Great Smoky Mountains Study (GSMS) was assessed annually between ages 9 and 16. Logistic regression models were applied within the hierarchical Bayesian framework, where the covariate effects were described by time-varying

parameters having a first-order auto-regressive prior distribution. Posterior analyses based on a Gibbs sampling approach revealed that, controlling for years of exposure, the risk of transition to SUD increased with age at onset for onsets before age 13, but began to fall for onset at 14. Among users, use alone, without early conduct problems, led to a 11% prevalence of SUD by age 16. Past conduct disorder (CD) had a strong additive effect at ages 13-15, but at age 16, when substance use and abuse became more normative, the excess risk from prior CD decreased. Boys, but not girls, with a history of depression were at increased risk of SUD. Anxiety increased the risk of SUD in girls at age 16, but not before that. Results only partially support the study hypothesis; early use was a major predictor of adolescent SUD even in the absence of CD.

RC Library circulation no. 20160.

Timko C, Sempel JM. **“Intensity of Acute Services, Self-Help Attendance and One-Year Outcomes Among Dual Diagnosis Patients.”** *Journal of Studies on Alcohol*, 2004; 65:274-82.

**Abstract:** OBJECTIVE: This study of dual diagnosis patients examined the associations of the intensity of acute care services and 12-step self-help group attendance with substance use and mental health outcomes. METHOD: Participants (n = 230; 96% men) received treatment in one of 14 residential programs and were evaluated with the Addiction Severity Index at discharge (98%) and at 1-year follow-up (80%). RESULTS: High service intensity in acute treatment was associated with better substance use and family/social outcomes both at discharge and at 1-year when patients' intake status was controlled. More attendance at 12-step self-help groups was also associated with better patient substance use and psychiatric outcomes, both during and following treatment. The benefits of more 12-step group attendance, however, depended on whether acute treatment was of low or high service intensity. More 12-step group attendance during treatment was associated with better alcohol and drug outcomes at discharge only among patients treated in low-service-intensity programs; and more attendance postdischarge was associated with better psychiatric and family/social functioning at 1-year only among patients receiving low-service-intensity care. CONCLUSIONS: We suggest potential means by which high-service-intensity acute care programs might better facilitate patients' postdischarge use of 12-step self-help groups to benefit outcomes.

RC Library circulation no. 19809.

Torrens M, Fonseca F, Mateu G, Farre M. **“Efficacy of Antidepressants in Substance Use Disorders With and Without Comorbid Depression. A Systematic Review and Meta-Analysis.”** *Drug and Alcohol Dependence*, 2005; 78(1):1-22

**Abstract:** Antidepressants are commonly used in substance abusers due to the potential effect on some underlying mechanisms involved in drug use disorders and to treat comorbid depression. A systematic review of the literature of the efficacy of antidepressant drugs in subjects with drug abuse disorders, including alcohol, cocaine, nicotine and opioid, with and without comorbid depression was performed. Only randomised, double-blind, controlled trials have been evaluated. A meta-analysis was done with the included studies that used common evaluation procedures in alcohol, cocaine and opioid dependence. Based on the present review some recommendations may be proposed. The prescription of antidepressants for drug abuse seems only clear for nicotine dependence with or without previous comorbid depression (bupropion and nortryptiline). In alcohol dependence without comorbid depression, the use of any antidepressant seems not justified, while in cocaine dependence has to be clarified. The use of antidepressants in alcohol, cocaine or opioid dependence with comorbid depression needs more studies in well-defined samples, adequate doses and duration of treatment to be really conclusive. Interestingly, SSRIs do not seem to offer significant advantages compared with tricyclic drugs in substance abuse disorders. Differences both related to individual characteristics and specific antidepressant drugs need to be clarified in future studies.

Watkins KE, Hunter SB, Wenzel SL, Tu W, Paddock SM, Griffin A, Ebener P. **“Prevalence and Characteristics of Clients with Co-Occurring Disorders in Outpatient Substance Abuse Treatment.”** *The American Journal of Drug and Alcohol Abuse*, 2004; 30(4):749-764.

**Abstract:** This article reports on the prevalence of probable mental health disorders among clients entering outpatient substance abuse treatment, their clinical characteristics, and past access to substance abuse and mental health care. Four hundred fifteen individuals (74% of those eligible) entering three publicly funded outpatient substance abuse treatment facilities in Los Angeles County were screened for a probable mental health disorder. Of the 210 with a positive screener (just over 50% of those screened), 195 (93%) were interviewed. Depression and anxiety were the most common disorders, and more than a third had two or more probable disorders. Close to 70% reported using alcohol, and almost half reported using crack or cocaine. Half had never received any mental health treatment, and for a third this was their first episode of addiction treatment; 22% were on psychotropic medications. Levels of physical and mental health functioning were lower than the 25th percentile of the U.S. population norms. Our results indicate high rates of co-occurring mental health disorders among individuals entering these outpatient substance abuse treatment clinics in Los Angeles. Identifying people with probable mental health disorders as they enter treatment has the potential to increase access to care among those with limited prior access.

RC Library circulation no. 20659.

Williams JM, and Ziedonis D. **“Addressing Tobacco Among Individuals with a Mental Illness or an Addiction.”** *Addictive Behaviors*, 2004; 29(6):1067-83.

**Abstract:** Tobacco dependence among individuals with a mental illness or an addiction is a tremendous problem that goes largely ignored. Studies of genetics, neuroimaging, and nicotinic receptors support a neurobiological link between tobacco use and alcohol dependence, drug dependence, schizophrenia, depression, attention-deficit hyperactivity disorder (ADHD), and anxiety disorders. This paper summarizes the recent literature on this topic and discusses how treatment for tobacco can no longer be ignored in mental-health and addiction-treatment settings. More research is needed as well as a national organized effort to address tobacco in this large segment of smokers.

RC Library circulation no. 20047.

Young HE, Rosen CS, Finney JW. **“A Survey of PTSD Screening and Referral Practices in VA Addiction Treatment Programs.”** *Journal of Substance Abuse Treatment*, 2005; 28(4):313-319.

**Abstract:** Veterans with posttraumatic stress disorder (PTSD) and substance use disorders (SUDs) demonstrate worse outcomes following treatment for SUDs than do veterans with SUDs only, and so PTSD treatment may enhance SUD outcomes for patients. A survey of current practice patterns in VA SUD treatment programs was undertaken to determine their concurrence with emerging practice guidelines for the assessment and treatment of SUD-PTSD comorbidity. Clinicians in outpatient SUD clinics and/or inpatient SUD programs were surveyed in six VA medical centers in 1999 and 2001 (respondents n = 57 and n = 39, respectively). Although one half to two thirds of clinicians working with SUD patients routinely screen for trauma exposure and PTSD, few assessments are systematically conducted using validated measures. Routine referrals to PTSD specialty and dual-diagnosis programs and to veterans' centers are made by between 35% and 60% of providers across inpatient and outpatient settings. Implications for improvement of clinical outcomes are discussed.

RC Library circulation no. 21445.

Zhang, AY. [et al.] **“Impacts of Motivation for Change on the Severity of Alcohol Use by Patients with Severe and Persistent Mental Illness.”** *Journal of Studies on Alcohol*, 2004; 65:392-397.

**Abstract:** OBJECTIVE: This study examined the effect of motivation for change, measured by the Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES), on alcohol use severity among alcoholic patients with severe and persistent mental illness. METHOD: At a Veterans Affairs hospital, 390 dually diagnosed patients were recruited and assessed for motivation for change, alcohol use severity, psychotic symptoms and global functioning at baseline and 9-month follow-up. RESULTS: Regression analyses showed that patients who were highly ambivalent about their alcohol use at baseline consumed significantly more alcohol 9 months later, on the basis of Addiction Severity Index ratings ( $p \leq .01$ ), than patients who felt less ambivalent. CONCLUSIONS: The findings suggest that increased awareness of alcohol-related problems is essential to reducing alcohol use severity for alcoholic patients with severe and persistent mental illness. The implications and limitations of the findings are discussed.  
RC Library circulation no. 19972.

Zweben, JE. [et al.] **"Psychiatric Symptoms in Methamphetamine Users."** *American Journal on the Addictions*, 2004; 13:181-90.

**Abstract:** The Methamphetamine Treatment Project (MTP) offers the opportunity to examine co-occurring psychiatric conditions in a sample of 1016 methamphetamine users participating in a multisite outpatient treatment study between 1999-2001. Participants reported high levels of psychiatric symptoms, particularly depression and attempted suicide, but also anxiety and psychotic symptoms. They also reported high levels of problems controlling anger and violent behavior, with a correspondingly high frequency of assault and weapons charges. Findings continue to support the value of integrated treatment for co-occurring conditions, especially the importance of training counseling staff to handle psychotic symptoms when needed.  
RC Library circulation no. 19857.

**Journal of Dual Diagnosis: Research and Practice in Substance Abuse Comorbidity.** Binghamton, NY: Haworth Medical Press and Haworth Press, Inc., 2004. Volume 1 (1-3)

**Summary:** Journal of Dual Diagnosis examines the latest research in the co-occurrence of mental health disorders and substance abuse disorders. This publication provides you with current trends in research and practice as well as case studies from treatment programs internationally.

## DVD/Videos

***Adolescents and Co-Occurring Disorders.*** (DVD/VHS) Hazelden, 2003. 24 min.

Summary: Teens in recovery for co-occurring disorders share their stories of addiction and psychiatric illness. Viewers will be able to recognize and understand co-occurring disorders and develop a clear picture of what steps are necessary to initiate and maintain a recovery program.  
RC circulation no. 8834 and 8835.

***Adults and Co-Occurring Disorders.*** (DVD) Hazelden, 2003. 28 min.

**Summary:** Helps clients gain insight into maintaining recovery while dealing with dual disorders. Hope for recovery is reinforced by noted expert Kenneth Minkoff.  
RC Library circulation no. 2359.

Cohen, William E. and Darryl Inaba, Pharm.D. ***Dual Diagnosis: The Mentally Ill Chemical Abuser.*** The Haight-Ashbury Training Series. Produced by Haight-Ashbury Drug Detoxification, Rehabilitation, and Aftercare Project. CNS Productions, 1994.

**Summary:** Includes three videos designed for substance abuse advisory personnel, counselors, teachers, physicians, psychiatrists, and psychologists. Tape one--Dual Diagnosis and Assessment, is an overview of the subject, discusses the different approaches of mental health and chemical dependency communities towards dual diagnosis, and shows ways to assess clients that may be dually diagnosed. Tape two--Treatment Techniques, examines the biology behind mental illness and chemical dependency and looks at treatment options including medications and therapy. Tape three--Gaining Control, aimed at clients, is meant to educate clients on their illness, reduce feelings of stigma, and show that recovery from both illnesses is possible. Also includes 33 page manual. RC Library circulation no. 5545, 5547, and 5550.

***Co-Occurring Disorders: Metal Health and Drugs.*** (VHS) CNS Productions, 2005. 36 min.

**Summary:** Examines the mental illnesses that are part of a dual diagnosis (e.g., schizophrenia, bipolar, depression) and shows how psychoactive drug use can aggravate or induce these illnesses. This video helps explain the relationship between the two conditions. RC Library circulation no. 8804.

Gordon-McBee, Tina. ***Dual Diagnosis Presentation.*** Sacramento: Calif. Dept. Alcohol and Drug Programs, 1998. 84 min.

**Summary:** A video recording of a 1998 presentation made by two staff members of the River City Community to a group of care providers at the California Department of Alcohol and Drug Programs. The presenters explain some of the symptoms and characteristics of the most common brain disorders, talk briefly about the most widely used medications, give an overview of some of the problems that a facility treating the dually diagnosed faces, and field some questions from the audience. The presenters stress that both addiction and mental illness can be treated successfully with the correct tools. RC Library circulation no. 4998.

***Living Sober P: Low Motivation to Change or Seek Treatment.*** Living Sober III Series. Gerald T. Rogers Productions, 1999. 21 min.

**Summary:** Living Sober III is designed to educate, raise awareness, and help clients develop coping skills for maintaining their motivation and ability to comply with treatment plans. Directed to dual diagnosis patients, this segment examines the rationalizations that individuals commit in avoiding treatment. RC Library circulation no. 6329.

***Messing with Heads: Marijuana and Mental Illness.*** Films for the Humanities & Science ©2005. 46 min.

**Summary:** Explores new research between marijuana and mental illnesses, specifically schizophrenia and paranoid psychosis. Citing a wealth of clinical evidence and observations by neurologists, psychiatrists, and psychologists, this program looks into the effects of THC on young brains. RC Library circulation no. 2618.

Miller, William, Ph.D., and Stephen Rollnick, Ph.D. ***Motivational Interviewing Tape A: Introduction to Motivational Interviewing.*** Professional Training Videotape Series 1998. Motivational Interviewing Network of Trainers (MINT), 1998. 41 min.

**Summary:** Conversational interview with Bill Miller and Steve Rollnick, conducted in the summer of 1997 by Theresa Moyers. Reviews background and current directions of motivational interviewing, explores its essential theoretical and conceptual underpinnings, and discusses its five

basic principles. This is by no means a comprehensive introduction to motivational interviewing. Sets the context for the demonstration tapes that follow in the series.  
RC Library circulation no. 7472.

Miller, William, Ph.D., and Stephen Rollnick, Ph.D. *Motivational Interviewing Tape B-1: Phase I, Part 1: Opening Strategies*. Professional Training Videotape Series 1998. Motivational Interviewing Network of Trainers (MINT), 1998. 39 min.

**Summary:** The most complex of the tapes, and spans two videocassettes. Designed to illustrate the skills involved in the opening phase of motivational interviewing. Phase I focuses on identifying and strengthening the person's intrinsic motivation for change. It begins with the first contact and continues until the transition into Phase II, illustrated on Tape F.  
RC Library circulation no. 7473.

Miller, William, Ph.D., and Stephen Rollnick, Ph.D. *Motivational Interviewing Tape B-2: Phase I, Part 2: Opening Strategies*. Professional Training Videotape Series 1998. Motivational Interviewing Network of Trainers (MINT), 1998. 51 min.

**Summary:** The most complex of the tapes, and spans two videocassettes. Designed to illustrate the skills involved in the opening phase of motivational interviewing. Phase I focuses on identifying and strengthening the person's intrinsic motivation for change. It begins with the first contact and continues until the transition into Phase II, illustrated on Tape F.  
RC Library circulation no. 7474.

Miller, William, Ph.D., and Stephen Rollnick, Ph.D. *Motivational Interviewing Tape C: Handling Resistance*. Professional Training Videotape Series 1998. Motivational Interviewing Network of Trainers (MINT), 1998. 62 min.

**Summary:** Presents a set of strategies for handling and decreasing resistance. The information presented is particularly useful during Phase I, although the methods are applicable throughout counseling. The phenomenon of "resistance" is discussed, and various strategies are explained and demonstrated.  
RC Library circulation no. 7475.

Miller, William, Ph.D., and Stephen Rollnick, Ph.D. *Motivational Interviewing Tape D: Feedback and Information Exchange*. Professional Training Videotape Series 1998. Motivational Interviewing Network of Trainers (MINT), 1998. 55 min.

**Summary:** One context in which motivational interviewing has been widely practiced is the "check-up" or feedback of assessment information. This specialized application involves much more talking on the part of the therapist, as more information is being imparted to the client. Focuses on actively giving information within the spirit of motivational interviewing.  
RC Library circulation no. 7476.

Miller, William, Ph.D., and Stephen Rollnick, Ph.D. *Motivational Interviewing Tape E: Motivational Interviewing in the Medical Setting*. Professional Training Videotape Series 1998. Motivational Interviewing Network of Trainers (MINT), 1998. 48 min.

**Summary:** A rapidly growing application of motivational interviewing is in general health care settings. Here it is often necessary to compress the process of counseling into a shorter period of time. Explores how the spirit of motivational interviewing can be applied in busy health care settings.  
RC Library circulation no. 7477.

Miller, William, Ph.D., and Stephen Rollnick, Ph.D. *Motivational Interviewing Tape F: Phase II: Moving Toward Action*. Professional Training Videotape Series 1998. Motivational Interviewing Network of Trainers (MINT), 1998. 37 min.

**Summary:** Explores the move from Phase 1 (building motivation for change) into Phase 2 (consolidating commitment to a change plan) and how the counseling methods used in Phase 2 differ from the opening strategies of motivational interviewing.

RC Library circulation no. 7478.

Minkoff, Kenneth. *Dual Diagnosis: An Integrated Model for the Treatment of People with Co-Occurring Psychiatric and Substance Disorders*. Transit Media, 2000. 120 min.

**Summary:** Dr. Kenneth Minkoff outlines the key principles of integrated treatment of mental illness and substance abuse. A 14-page handout accompanies video and can also be downloaded from the Mental Illness Education Project, Inc. at <http://www.miepvideos.org> under the “Discussion Notes” link.

RC Library circulation no. 8598.

*Trauma and Substance Abuse I: Therapeutic Approaches*. Cavalcade Productions, Inc., 1998. 46 min.

**Summary:** Topics covered in this video are: schism between substance abuse and PTSD fields; prevalence of substance abuse among trauma survivors; psychological symptoms; legal and medical problems; stages of treatment, therapy with VA clients; and new treatment models.

RC Library circulation no. 2579.

*Trauma and Substance Abuse II: Special Treatment Issues*. Cavalcade Production, Inc., 1998. 40 min.

**Summary:** Topics covered in this video are: the therapeutic relationship; codependency and therapist self-care; crises and relapses; twelve-step programs; medication; therapist characteristics and training, and positive effects of treatment.

RC Library circulation no. 2580.

*Understanding Depression and Addiction*. Co-Occurring Disorders Series. Hazelden, 1994. 20 min.

**Summary:** Explores ways to cope with the common behaviors and thoughts associated with depression and provides support for recovery from depression and addiction.

RC Library circulation no. 8333.

*Understanding Post-Traumatic Stress Disorder and Addiction*. Co-Occurring Disorders Series. Hazelden, 1994. 20 min.

**Summary:** Addresses dual recovery and relapse prevention, along with ways to handle the emotional pain and flashbacks due to trauma.

RC Library circulation no. 8334.

*Understanding Suicide and Addiction*. Co-Occurring Disorders Series. Hazelden, 1994. 20 min.

**Summary:** Discusses risk and protective factors, and focuses on practical strategies to reduce suicide risk and improve the quality of life.

RC Library circulation no. 8335.

*When Addiction and Mental Disorders Co-Occur*. Substance Abuse and Mental Health Services Administration (SAMHSA), 2003. 1 hr.

**Summary:** Examines the issues and promising practices associated with treating individuals with co-occurring and co-existing disorders.

RC Library circulation no. 8953 and 8954.

